

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90195 046 \*\*\*\*70.00

**DOCUMENT # N00000001974**

1. Entity Name

**TELL THE STORY MINISTRIES, INC.**



Principal Place of Business

**1480 SW 5TH TERRACE  
DEERFIELD BEACH FL 33441**

Mailing Address

**1480 SW 5TH TERRACE  
DEERFIELD BEACH FL 33441**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1022861**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FULLER, HENRY E  
1480 SW 5TH TERRACE  
DEERFIELD BEACH FL 33441**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Henry E. Fuller*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*8/28/03*

DATE

**FILE NOW: FEE IS \$61.25**

**After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	BLACKMAN, CARL	
STREET ADDRESS	890 NE 23 TERRACE	
CITY-ST-ZIP	POMPAÑO BEACH FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCLEOD, GARY	
STREET ADDRESS	2420 NW 6 ST	
CITY-ST-ZIP	POMPAÑO BEACH FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, HAYWARD JR	
STREET ADDRESS	2438 NW 8 ST	
CITY-ST-ZIP	POMPAÑO BEACH FL 33069	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ABRAMS, JOHN	
STREET ADDRESS	2161 NW 29 AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARK, J C	
STREET ADDRESS	631 NE 43 ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE	T	<input type="checkbox"/> Delete
NAME	FULLER, MARILYN	
STREET ADDRESS	1480 SW 5TH TERRACE	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AVIS WILLIAM	
STREET ADDRESS	1265 TUCKAWAY DR.	
CITY-ST-ZIP	ROCKLEDGE FLA 32955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATHERINE FEACHER	
STREET ADDRESS	3331 N.W. 15th PLACE	
CITY-ST-ZIP	FL. LAUDERDALE FLA 33311	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Henry E. Fuller*

*8/28/03*

*954-2427-4536*

CR2E037 (4/03)