

4/23/01-90025-019-\$61.25-\$61.25
* 9/12/01-90027-041-\$61.25-\$61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002028

1. Entity Name

ASHA INTERNATIONAL MINISTRIES, INC.

Principal Place of Business

Mailing Address

~~890 S. RIGGINS RD.~~
~~AVON PARK FL 33825~~

~~890 S. RIGGINS RD.~~
~~AVON PARK FL 33825~~

910 E. Findley Ave
Eagle Lake, FL 33839

P.O. Box 1529
Eagle Lake, FL 33839

2. Principal Place of Business

3. Mailing Address

910 E. Findley Ave

P.O. Box 1529

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Eagle Lake, Florida

Eagle Lake, Florida

Zip

Country

Zip

Country

33839

USA

33839

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATHEW, SAMUEL

~~890 S. RIGGINS RD.~~

~~AVON PARK FL 33825~~

P.O. Box 1529
910 E. Findley Ave
Eagle Lake, FL 33839

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.

SIGNATURE

Samuel Mathew
SAMUEL MATHEW

8-27-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President
Samuel Mathew
910 E. Findley Ave
Eagle Lake, FL 33839 ☐ Delete ☒ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Edna Stanger
910 E. Findley Ave
Eagle Lake, FL 33839 ☐ Delete ☒ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Dr. Harvey Lester
5726 Deer Tracks Trail
Lake Land, FL 33811 ☐ Delete ☒ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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STREET ADDRESS
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

Samuel Mathew
SAMUEL MATHEW

8-27-01

863-299-8420

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 OCT -1 AM 9:22



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)