

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

**FILED**  
**Sep 04, 2003 8:00 am**  
**Secretary of State**

09-04-2003 90063 019 \*\*\*\*61.25

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**DOCUMENT # N00000002028**

1. Entity Name

**ASHA INTERNATIONAL MINISTRIES, INC.**



Principal Place of Business

**910 E FINDLEY AVE  
EAGLE LAKE FL 33839**

Mailing Address

**P.O. BOX 1529  
EAGLE LAKE FL 33839**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**MATHEW, SAMUEL  
910 E FINDLEY AVE  
EAGLE LAKE FL 33839**

7. Name and Address of New Registered Agent

Name **EDNA STANGER** ES  
Street Address (P.O. Box Number is Not Acceptable)  
**910 E. FINDLEY AVE**  
**EAGLE LAKE, FL** **33839**  
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

*Edna Stanger* **EDNA STANGER**

**9/2/03**

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 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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MATHEW, SAMUEL	
STREET ADDRESS	910 E FINDLEY AVE	
CITY-ST-ZIP	EAGLE LAKE FL 33839	
TITLE	TT	<input type="checkbox"/> Delete
NAME	STANGER, EDNA	
STREET ADDRESS	910 E FINDLEY AVE	
CITY-ST-ZIP	EAGLE LAKE FL 33839	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CALLIBAN, JOSEPH	
STREET ADDRESS	8830 140ST N	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	VP	<input type="checkbox"/> Delete
NAME	UMAPADA, DEY	
STREET ADDRESS	846 CINNAMON DRIVE	
CITY-ST-ZIP	WINTER HAVEN FL 33880	
TITLE	OUT REACH DIRECTOR	<input type="checkbox"/> Delete
NAME	BRUCE PEAVY	
STREET ADDRESS	500 NW 35TH ST	
CITY-ST-ZIP	WINTER HAVEN, FL 33880	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDNA STANGER	
STREET ADDRESS	910 E FINDLEY AVE	
CITY-ST-ZIP	EAGLE LAKE, FL 33839	
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		<input type="checkbox"/> Change <input checked="" 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:

*Edna Stanger* **EDNA STANGER**

**9/2/03**

**863-293-1251**  
**800-648-2493x**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (4/03)