

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000002275

FILED  
Sep 21, 2002  
Secretary of State

Entity Name: ORDAINED MINISTRIES, INC.

## Current Principal Place of Business:

6114 MARJO DRIVE  
TAMPA, FL 33617

## New Principal Place of Business:

8042 FAWNRRIDGE CIRCLE  
TAMPA, FL 33617

## Current Mailing Address:

8042 FAWNRRIDGE CIRCLE  
TAMPA, FL 33610

## New Mailing Address:

FEI Number: 59-3663071

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

EDWARDS, ROMAINE  
6114 MARJO DRIVE  
TAMPA, FL 33619

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: RUSSELL, KIRK  
Address: 8042 FAWNRRIDGE CIRCLE  
City-St-Zip: TAMPA, FL 33610

Title: D ( ) Delete  
Name: EDWARDS, ROMAINE  
Address: 6114 MARJO DRIVE  
City-St-Zip: TAMPA, FL 33617

Title: D ( ) Delete  
Name: EDWARDS, RENARD  
Address: 8501 N. 50TH ST. #1104  
City-St-Zip: TAMPA, FL 33617

Title: D ( ) Delete  
Name: BUTLER, JOE T  
Address: 8042 FAWNRRIDGE CIRCLE  
City-St-Zip: TAMPA, FL 33610

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: EDWARDS, ROMAINE  
Address: 8042 FAWNRRIDGE CIRCLE  
City-St-Zip: TAMPA, FL 33617

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE T BUTLER

D

09/21/2002

Electronic Signature of Signing Officer or Director

Date