2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State
04-24-2002 90297 048 ****61.25

DOCUMENT # N00000002760

1. Entity Name

TRIPLE CROSS YOUTH MINISTRIES, INC.

Principal Place of Business	Mailing Address
6575 NE 96 AVE OKEECHOBEE FL 34972	~~6575 NE 96 AVE~~ ~~OKEECHOBEE FL 34972~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	P.O. Box 429
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: OKEECHOBEE, FL.
Zip / Country	Zip: 34973 / Country: USA

4. FEI Number: 65-1058830 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANTELICS, LIDIA 6575 NE 96 AVE OKEECHOBEE FL 34972	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: [signature] 4/3/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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	D SANTELICES, ARMANDO ~~6575 NE 96 AVE~~ ~~OKEECHOBEE FL 34972~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P.O. BOX 429 OKEECHOBEE, FL. 34973
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANTELICES, LIDIA ~~6575 NE 96 AVE~~ ~~OKEECHOBEE FL 34972~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition P.O. BOX 429 OKEECHOBEE, FL. 34973
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~SANTELICES, VIVIAM~~ ~~6575 NE 96 AVE~~ ~~OKEECHOBEE FL 34972~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition RAMOS, VIVIAM P.O. BOX 429 OKEECHOBEE, FL. 34973
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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: [signature] REQUIRED 4/3/02 863-467-7133
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #