

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000003067**Entity Name
HALLELUJAH MINISTRIES, INC.**FILED**
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90114 031 ****70.00

Principal Place of Business

**32 WHEATLEY STREET
ORLANDO FL 32811**

Mailing Address

**P.O. BOX 618306
ORLANDO FL 32861**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3651227

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****HARRIS, LATONYA
985 S. KIRKMAN ROAD
#4
ORLANDO FL 32811****7. Name and Address of New Registered Agent**

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**

FILE	NAME	DELETE
FILE	D FUDGE, DANNY	<input type="checkbox"/> Delete
STREET ADDRESS	2173 LISTON COURT	
CITY-STATE-ZIP	ORLANDO FL 32811	
FILE	D FUDGE, LAURETHA	<input type="checkbox"/> Delete
STREET ADDRESS	4482 WHEATLEY STREET	
CITY-STATE-ZIP	ORLANDO FL 32811	
FILE	D HARRIS, LATONYA	<input type="checkbox"/> Delete
STREET ADDRESS	985 S. KIRKMAN ROAD APT. #4	
CITY-STATE-ZIP	ORLANDO FL 32811	
FILE	D BIVINS, RUBY	<input type="checkbox"/> Delete
STREET ADDRESS	2146 LISTON COURT	
CITY-STATE-ZIP	ORLANDO FL 32811	
FILE	D FUDGE, TARSHA	<input type="checkbox"/> Delete
STREET ADDRESS	4482 WHEATLEY ST.	
CITY-STATE-ZIP	ORLANDO FL 32811	
FILE	D JOHNSON, JOHNETTE	<input type="checkbox"/> Delete
STREET ADDRESS	4494 WHEATLEY STREET	
CITY-STATE-ZIP	ORLANDO FL 32811	

11.**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	CHANGE	ADDITION
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02 (407) 425-8224

Date

Daytime Phone #

CR2E037 (9/01)