## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Apr 07, 2002 8:00 am Secretary of State DOCUMENT # N0000003838 1. Entity Name THE COAT OF MANY COLORS MINISTRIES, INC. 04-07-2002 90075 028 \*\*\*\*61.25 Mailing Address Principal Place of Business 7206 ALAFIA DRIVE 7206 ALAFIA DRIVE **HUUDUUZ**3 RIVERVIEW FL 33569 RIVERVIEW FL 33569 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 13-2928012 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) YARBER, BETTIE D REV 7206 ALAFIA DRIVE **RIVERVIEW FL 33569** Zip Code City 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 typed or printed name of registered agent and title if app (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Change TITLE TITLE ☐ Delete YARBER, BETTIE D NAME NAME 7206 ALAFIA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **RIVERVIEW FL 33569** ■ Addition ☐ Change TITLE ☐ Delete TITLE Joiner, Leverné é NAME NAME STREET ADDRESS STREET ADDRESS 911-13TH STREET EAST CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34208 ☐ Addition Delete TITLE ☐ Change TITLE ROZIER. DIANE NAME NAME P.O. BOX 103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALMETTO FL 34220 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE RINDONE, RAMONA NAME NAME STREET ADDRESS 3326SAFFOLD ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WIMAUMA FL 33598 ☐ Change ☐ Addition Delete TITLE TITLE RINDONE, HENRY NAME NAME 3326SAFFOLD ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WIMAUMA FL 33598 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 in changed, or on an attachment with an address, with all other like empowered.