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

## DOCUMENT # N0000004010

1. Entity Name



**FILED** Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90067 022 \*\*\*\*70.00

BRUCE, PEARL STREET ADDRESS CITY-ST-ZIP WESTVILLE FL 32464  TITLE NAME STREET ADDRESS CITY-ST-ZIP FREEPORT FL 32439  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP FREEPORT FL 32439  TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete  TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition Change Change Addition Change Change Addition Change Change Change Addition Change		THE ANSWER MINISTRY, INC.								
Sulle, Apt. #, etc.   CHECK HERE IF MAKING CHANGES  City & State   City & State   City & State   A. FEI Number 65-0091750   Applied For Not Ap	387 E BURDIO	CK AVE	387 E BURDICK AVE	33		1 (480)(21 A)	11 4811 8811 8811 8811 8811	r 1 <b>88</b> 111 <b>8</b> 1 <b>8</b> 11 <b>8818</b> 11	LOLI OBIL IVOI	
City & State  City & State  City & State  City & State  Country  City  City  FL  City  City  City  FL  City  City  FL  City  City  City  City  FL  City  City  City  City  FL  City  City  City  City  City  FL  City  City	2. Principal F	Place of Business	3. Mailing Address							
Section   Sect	Suite, Apt	#, etc.	Suite, Apt. #, etc.				CHECK HERE IF MAKI	ING CHANGES	<b>;</b>	
Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   S. \$3.75 Autisticnol   Fee Required	City & Sta	ite	City & State		:::	4. FEI Number 65	-0991750	<b>⊢</b>	<del></del>	]
KING, MARILYN 387 E BURDICKAVE DEFUNIAK SPRINGS FL 32433  Signature. Period agent.  SIGNATURE  Maria Speak or project remot female registered agent.  SIGNATURE  Signature. Speak or project remot remoted registered agent.  SIGNATURE  Signature. Speak or project remoted registered agent.  SIGNATURE  SIGNATURE	Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired 🖫	\$8.75 Ad	ditional	1
KING, MARILYN 387 E BURDICKAVE DEFUNIAK SPRINGS FL 32433  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the utility of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the utility of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the utility of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the utility of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the utility of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the utility of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the utility of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the utility of the purpose of the utility of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the utility of the purpose of the utility of the		6. Name and Address of Current I	Registered Agent			7. Name and Add	ess of New Register	ed Agent		1
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Maring	387 E BL	JRDICKAVE			idress (P.	(P.O. Box Number is Not Acceptable)				
SIGNATURE    Signature   March   March		;						<b>-</b> L		]
FILE NOW: FEE IS \$61.25  9. Election Campaign Financing	8. The above the obliga	e named entity submits this statement for ations of registered agent.	the purpose of changing its re	egistered office or r	registere	d agent, or both, in t	he State of Florida. Ta	ım familiar with,	and accept	
Trust Fund Contribution.   Added to Fees   Florida Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   D	SIGNATURE	Marilyn Kin. Signature, typed or printed name of registered agent a	gd title if applicable. (NOTE: I	Registered Agent signatur	re requires w	nen reinstating)	4/2°	7/03		
TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		FILE NOW: FEE IS \$61.25								
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CITY-ST-ZIP  WESTVILLE FL 32464  CITY-ST-ZIP  TITLE NAME STREET ADDRESS	STREET ADDRESS	387 E BURDICK AVE	L.I. Delete	NAME STREET ADDRESS			•	∐ Change	Addition	7007
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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.

BOUNRECLANIENE Corrett 4-25-03 **SIGNATURE:**