2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 AM
Secretary of State

DOCUMENT# N00000004649

Entity Name: ST. FRANCIS MINISTRIES, INC.

Current Principal Place of Business:

10759 LOSCO JUNCTION DRIVE
JACKSONVILLE, FL 32257 US

New Principal Place of Business:

Current Mailing Address:

11250 OLD ST AUGUSTINE RD
SUITE 15-162
JACKSONVILLE, FL 32257 US

New Mailing Address:

FEI Number: 31-1794469 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARTWELL, WYLIE N
10759 LOSCO JUNCTION DRIVE
JACKSONVILLE, FL 32257 US

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: PD ( ) Delete
Name: MALL, JEFFREY J
Address: 9460 PICKWICK DRIVE
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: VD ( ) Delete
Name: WILCOXEN, DEREK C
Address: 8880 OLD KINGS RD #15W
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: STD ( ) Delete
Name: HARTWELL, WYLIE N
Address: 10759 LOSCO JUNCTION DR
City-St-Zip: JACKSONVILLE, FL 32257 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: WILCOXEN, DEREK C
Address: 9480 PRINCETON SQUARE BLVD APT 2505
City-St-Zip: JACKSONVILLE, FL 32256 US

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: WYLIE N. HARTWELL STD 01/16/2002

Electronic Signature of Signing Officer or Director — Date