## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 29, 2002 8:00 am Secretary of State DOCUMENT # N0000005803 04-29-2002 90202 016 \*\*\*\*61 25 EFFECTIVE FATHER MINISTRIES, INC. Principal Place of Business Mailing Address 644 SOUTHEAST 4TH AVENUE 1750 UNIVERSITY DRIVE **SUITE 214** FORT LAUDERDALE FL 33301-3102 B0078135 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-1038783 Not Applicable αiΣ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P:O:Box Number is Not Acceptable) \_=-HODGES, PERRY W JR 644 SOUTHEAST 4TH AVENUE FORT LAUDERDALE FL 33301-3102 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. ŧ SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (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 Trust Fund Contribution. Added to Fees Department of State No ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. **X** Addition TITLE Delete TITLE WILLIAM WASSERHAN REAM, JOHN K NAME NAME 2910 N.W. 113THAVE. STREET ADDRESS 7720 VENTURA LANE STREET ADDRESS SUNRISE , FL 33323 CITY-ST-ZIP CITY-ST-ZIP Parkland FL 33067 VD ☐ Change Addition ☐ Delete TITLE TITLE REAM, RITA M NAME NAME 7720 VENTURA LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PARKLAND FL 33067 STD ☐ Change Addition ☐ Delete TITLE CHURCHILL, CLINTON R NAME NAME STREET ADDRESS STREET ADDRESS 8536 SHADOW COURT CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE applegate, robert NAME STREET ADDRESS 7060 N.W. 20TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33313 ☐ Change ☐ Addition TITLE ☐ Delete HANIFIN, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 5011 N.E. 23RD AVE CITY-ST-ZIP CITY-ST-ZIP lighthouse point fl 33064 ☐ Delete TITLE ☐ Change ☐ Addition TITLE GODUTI, DAVID NAME NAME

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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NAPLES FL 34119

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