2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003
Secretary of State

DOCUMENT# N00000006123

Entity Name: N. DUANE ARNOLD MINISTRIES, INC.

Current Principal Place of Business:

4975 A 91ST AVE. N
PINELLAS PARK, FL 33782

New Principal Place of Business:

Current Mailing Address:

PO BOX 918
PINELLAS PARK, FL 33780

New Mailing Address:

FEI Number: 59-3671028 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARNOLD, N. DUANE
4975 A 91ST AVE. N
PINELLAS PARK, FL 33782

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:	ARNOLD, DARIUS D	
Address:	2711 FALLING ACORN CIRCLE	
City-St-Zip:	LAKE MARY, FL 32746	
Title:	VPD	( ) Delete
Name:	ARNOLD, N. DUANE	
Address:	4975 A 91ST AVE. N.	
City-St-Zip:	PINELLAS PARK, FL 33782	
Title:	SD	( ) Delete
Name:	DEGREGORIO, BETTY C	
Address:	5450 GLEN IVY PLACE	
City-St-Zip:	PINELLAS PARK, FL 33782	
Title:	TD	( ) Delete
Name:	HEATON, LORA M	
Address:	4975 A 91ST AVE. N.	
City-St-Zip:	PINELLAS PARK, FL 33782	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	ARNOLD, DARIUS D	
Address:	4975 A 91ST AVE. N.	
City-St-Zip:	PINELLAS PARK, FL 33782	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
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: LORA M. HEATON TD 04/29/2003

Electronic Signature of Signing Officer or Director — Date