## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 26, 2001 8:00 am § Secretary of State DOCUMENT # N0000006358 CDS MINISTRIES, INC. 04-26-2001 90272 003 \*\*\*\*61.25 Principal Place of Business Mailing Address 8222 CORAL CREEK LOOP 8222 CORAL CREEK LOOP 645698 JUDSON FL 34667-8002 JUDSON FL 34667-8002 2. Principal Place of Business 8222 CCRAL CREEK Long 3. Mailing Address 8222 CORAL CREEK LOOD Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State H いしらいい City & State 4. FEI Number 59 - 3673088 Applied For Hudson FLORIDA FLORIDA Not Applicable Country <sup>Zip</sup> 34667-8002 \$8.75 Additional 5. Certificate of Status Desired 'ASCO 34667-8002 PASCO Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POPE DENNIS Street Address (P.O. Box Number is Not Acceptable) SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE 222 CORAL CREEK CORAL GABLES FL 33134 Zip Code udson 8000 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. (NOTE: Registered Agent signature required when reinstating sture, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to $\Box$ Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PTD TITLE POPE, RICHARD A Addition TITLE ☐ Delete NAME POPE, RICHARD D NAME 8222 CORAL CREEK LOOP STREET ADDRESS 8222 CORAL CREEK LOOP STREET ADDRESS CITY-ST-ZIP Hudson FL 34667-8002 CITY-ST-7IP JUDSON FL 34667-8002 **C**hange TITLE ☐ Delete TITLE SVD NAME POPE, JANICE G NAME STREET ADDRESS 8222 CORAL CREEK LOOP STREET ADDRESS CITY-ST-ZIP Hudson, CITY-ST-7IP JUDSON FL 34667-8002 Delete TITLE TITLE Change Addition WINTERS, JULE NAME NAME 8222 CORAL CREEK LOOP STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP #UDSON FL 34667-8002 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition 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 supplier ental 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 reqeiverer 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 SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR