

**FILED**  
**Mar 13, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90221 016 \*\*\*\*61.25

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N00000007845**

1. Entity Name

**TODAY MINISTRIES, INC.**

Principal Place of Business

**8454 TOMKOW ROAD  
LAKELAND FL 33809**

Mailing Address

**PO BOX 1381  
POLK CITY FL 33868**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable
5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**NESTOR, KENNETH SR  
8454 TOMKOW ROAD  
LAKELAND FL 33809**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when releasing)

**Feb 6, 2001**

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP**PSD  
NESTOR, KENNETH SR  
8454 TOMKOW ROAD  
LAKELAND FL 33809**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP**VTD  
NESTOR, PATRICIA  
8454 TOMKOW ROAD  
LAKELAND FL 33809**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP**Andrew J Messer  
1610 Old Polk City Rd  
Lakeland FL 33809**☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP☐ Change ☐ Addition

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb 6 2001 (845) 816-8494**

Date

Daytime Phone #

CR2037 (10/00)