2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 06, 2001 8:00 am Secretary of State DOCUMENT # N0000007965 1. Entity Name COOKER T. MINISTRIES, INC. 4-06-2001 90044 042 ****61.25 Principal Place of Business Mailing Address 14500 CONTINENTAL GATEWAY 14500 CONTINENTAL GATEWAY ORLANDO FL 32821 ORLANDO FL 32821 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3684245 Not Applicable Zip 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 WHAPLES, TERRY Street Address (P.O. Box Number is Not Acceptable) 14500 CONTINENTAL GATEWAY ORLANDO FL 32821 City 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 reinstating) DATE 9. Election Campaign Financing **FILE NOW:** \$5:00 May Be Make Check Payable to Trust Fund Contribution. Andded to Fees **Department of State FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE D p ☐ Delete TITLE Change XX Addition Thompson, Gretchen NAME NAME WHAPLES, TERRY STREET ADDRESS STREET ADDRESS 14500 Continental Gateway 14500 CONTINENTAL GATEWAY CITY-ST-ZIP CITY-ST-ZIP Orlando FL 32821 Orlando FL 32821 ☐ Delete ☐ Change Addition TITLE D VP TITLE NAME NAME WHAPLES, JAMES F Wamsley, Frank STREET ADDRESS STREET ADDRESS 14500 CONTINENTAL GATEWAY 14500 Continental Gateway CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32821 Orlando FL. 32821 ☐ Change TITLE Detete TITLE Addition D S/T HAWK, SUSAN NAME STREET ADDRESS STREET ADDRESS 14500 CONTINENTAL GATEWAY CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32821 TITLE Delete -TITLE ☐ Change ☐ Addition THOMPSON, ULAY NAME STREET ADDRESS 14500 CONTINENTAL GATEWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32821 TITLE Delete Change ☐ Addition NAME WAMSLEY, DEBORAH NAME STREET ADDRESS 14500 CONTINENTAL GATEWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32821 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered. TECTETRY Whaples 4/2/01 407-387-1800 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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