

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90089 038 \*\*\*\*\*70.00

**DOCUMENT # N01000000127**

1. Entity Name

JOSEPH HANNA MINISTRIES, INC.

Principal Place of Business

Mailing Address

941 N W 176TH TERRACE  
 MIAMI FL 33169

941 N W 176TH TERRACE  
 MIAMI FL 33169

2. Principal Place of Business

1046 NE 215th St

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

4. FEI Number

05-1068232

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 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)

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

Francine Hanna, Francine Hanna

1/10/02

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
 NAME HANNA, JOSEPH  
 STREET ADDRESS 941 N W 176TH TERRACE  
 CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VD  
 NAME HANNA, FRANCINE  
 STREET ADDRESS 941 N W 176TH TERRACE  
 CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
 NAME HANNA, GEORGIA B  
 STREET ADDRESS 1261 N W 171ST STREET  
 CITY-ST-ZIP MIAMI FL 33169 ☒ Delete

TITLE SD  
 NAME Marilyn Martin  
 STREET ADDRESS 8240 SW 41st  
 CITY-ST-ZIP Miami, FL 33155 ☐ Change ☒ Addition

TITLE TD  
 NAME HANNA, JOSEPH H  
 STREET ADDRESS 1261 N W 171ST STREET  
 CITY-ST-ZIP MIAMI FL 33169 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-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:

Joseph R. Hanna

01/10/02

305-249-2929

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)