

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90247 044 ****61.25

DOCUMENT # N01000000211

1. Entity Name
HOME FRONT MINISTRIES INC.



Principal Place of Business
**4304 COUNTY ROAD 252
WELLBORN FL 32094**

Mailing Address
**4304 COUNTY ROAD 252
WELLBORN FL 32094**

2. Principal Place of Business
507 S. Marion St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2

City & State
Lake City FL

City & State

Zip
32025

Country
Columbia

Zip

Country

4. FEI Number **NOT APPLICABLE**
81-0604502

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RIEGL, DEANNA
4304 COUNTY ROAD 252
WELLBORN FL 32094**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Deanna Riegel*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **RIEGL, DEANNA**
STREET ADDRESS **4304 COUNTY ROAD 252**
CITY-ST-ZIP **WELLBORN FL 32094**

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

TITLE **VD** ☐ Delete
NAME **COLEMAN, ALBERTA**
STREET ADDRESS **RT 11 BOX 3330**
CITY-ST-ZIP **LAKE CITY FL 32024**

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

TITLE **TD** ☐ Delete
NAME **SPENCER, LINDA**
STREET ADDRESS **RT 12 BOX 395**
CITY-ST-ZIP **LAKE CITY FL 32025**

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

TITLE **SD** ☐ Delete
NAME **LAROCHE, MARILYN**
STREET ADDRESS **RT 6 BOX 470B**
CITY-ST-ZIP **LAKE CITY FL 32025**

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

TITLE **D** ☐ Delete
NAME **COXE, TRULA**
STREET ADDRESS **RT 21 BOX 43**
CITY-ST-ZIP **LAKE CITY FL 32024**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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:

Deanna Riegel
SIGNATURE REQUIRED

4-21-03 **(386)** **963-4220**

CR2E037 (10/02)