

# 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 2**

Suite, Apt. #, etc.  
**Suite 2**

City & State  
**Lake City FL**

City & State  
**Lake City FL**

Zip  
**32025**

Country  
**Columbia**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**RIEDEL, DEANNA  
4304 COUNTY ROAD 252  
WELLBORN FL 32094**

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

Applied For  
 Applied For  
 Not Applicable

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

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

SIGNATURE *Deanna Riegel* **4-21-03**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD RIEDEL, DEANNA 4304 COUNTY ROAD 252 WELLBORN FL 32094</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD COLEMAN, ALBERTA RT 11 BOX 3330 LAKE CITY FL 32024</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SPENCER, LINDA RT 12 BOX 395 LAKE CITY FL 32025</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD LAROUCHE, MARILYN RT 6 BOX 470B LAKE CITY FL 32025</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COXE, TRULA RT 21 BOX 43 LAKE CITY FL 32024</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Deanna Riegel* **4-21-03** **386** **963-4220**

CR2E037 (10/02)