2002 UNIFORM BUSINESS REPORT (UBR) **FILED** May 20, 2002 8:00 am Secretary of State DOCUMENT # N0100001516 1. Entity Name SEEKING HEART MINISTRIES, INC. 05-20-2002 90098 038 ****61.25 Principal Place of Business Mailing Address PO BOX 15322 PO BOX 15322 TALLAHASSEE FL 32317-5322 TALLAHASSEE FL 32317-5322 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 59-37/9940 Not Applicable -Country-- =- 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 Ron Street Address (P.O. Box Number is Not Acceptable) TUTTLE, RON new address -> -8186 GLENMORE DR. 10006 Journevs End TALLAHASSEE FL 32312 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE (9/01) ☐ Delete TITLE (X) Change ☐ Addition uttle, Ron TUTTLE, RON NAME NAME 10006 Journeys End 8186 GLENMORE DR. STREET ADDRESS STREET ADDRESS CITY-ST-7IP Tallahassee FL 32312 CITY-ST-7IP Tallahassee FL 32312 TITLE Delete TITLE ☐ Addition Tuttle, Tane tuttle, tana NAME NAME 10006 Fourney's End STREET ADDRESS 8186 GLENMORE DR. STREET ADDRESS ಳ ಸ್ಥೆಯಲ್ಲೇ . CITY ST-ZIP * TALLAHASSEE FL 32312 CITY-ST-ZIP Tollahassee, FL 323/2 ☐ Delete Change Addition jensen. Sharon ron Jensen NAME NAME 492 Spring Lake Rd. acksonville, FL 32 STREET ADDRESS 1142 ALACHUA AVE. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP ☐ Defete ☐ Change Addition HUTCHINSON, JANET NAME STREET ADDRESS 1405 DEVONSHIRE CT. STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32311 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition CRUCE, JANICE NAME NAME STREET ADDRESS 3241 BEAUMONT DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32312 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-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:

4/2

850-668-9901