

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90777 034 ****61.25

DOCUMENT # N01000001516

1. Entity Name

SEEKING HEART MINISTRIES, INC.



Principal Place of Business

**PO BOX 15322
TALLAHASSEE FL 32317-5322**

Mailing Address

**PO BOX 15322
TALLAHASSEE FL 32317-5322**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3719940**

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

**TUTTLE, RON
10006 JOURNEYS END
TALLAHASSEE FL 32312**

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

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	D	<input type="checkbox"/> Delete
NAME	TUTTLE, RON	
STREET ADDRESS	10006 JOURNEYS END	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	TUTTLE, TANA	
STREET ADDRESS	10006 JOURNEYS END	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENSEN, SHARON	
STREET ADDRESS	2692 SPRING LAKE RD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUTCHINSON, JANET	
STREET ADDRESS	1405 DEVONSHIRE CT.	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input type="checkbox"/> Delete
NAME	CRUCE, JANICE	
STREET ADDRESS	3241 BEAUMONT DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2003 Winthrop Way	
STREET ADDRESS	Tallahassee, FL 32308	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2003 Winthrop Way	
STREET ADDRESS	Tallahassee, FL 32308	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE REQUIRED

APR 29 2003 922-6317

CR2E037 (10/02)