

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000001528

FILED  
Aug 23, 2003  
Secretary of State

Entity Name: ALABASTER JAR MINISTRIES, INC.

## Current Principal Place of Business:

492 SADDELL BAY LOOP  
OCOOE, FL 34761

## New Principal Place of Business:

## Current Mailing Address:

2582 S. MAGUIRE ROAD, #332  
OCOOE, FL 34761

## New Mailing Address:

FEI Number: 31-1778405

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BRADY, AMY J  
492 SADDELL BAY LOOP  
OCOOE, FL 34761 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: BRADY, AMY J  
Address: 492 SADDELL BAY LOOP  
City-St-Zip: OCOOE, FL 34761

Title: D ( ) Delete  
Name: ANDERSON, ETHELYN M  
Address: 12 HEATHER GREEN COURT  
City-St-Zip: OCOOE, FL 34761

Title: D ( ) Delete  
Name: PRUITT, BARBARA A  
Address: 526 SADDELL BAY LOOP  
City-St-Zip: OCOOE, FL 34761

Title: D ( ) Delete  
Name: WILLIS, NORMA T  
Address: 735 PLAZA COURT  
City-St-Zip: ORLANDO, FL 32803

Title: D ( ) Delete  
Name: CONNELL, ELAINE C  
Address: 10338 NEWINGTON DRIVE  
City-St-Zip: ORLANDO, FL 32836

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA PRUITT

D

08/23/2003

Electronic Signature of Signing Officer or Director

Date