

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

FILED
May 19, 2003 8:00 am
Secretary of State

04-23-2003 90238 050 ****70.00

DOCUMENT # N01000001732					
1. Entity Name SONS OF THUNDER MINISTRIES INC.					
Principal Place of Business 380 AUGUSTINE COURT OVIEDO FL 32765			Mailing Address PO BOX 684 GOLDENROD FL 32733		
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 59-3455629	
				Applied For ☐ Not Applicable	
				5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DAVIS, PAUL 4601 LARADO PLACE ORLANDO FL 32812			Name <u>Paul Davis</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>380 Augustine Court</u>		
			City <u>Oviedo</u> FL Zip Code <u>32765</u>		
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 <u><i>Paul Davis</i></u> DATE <u>4-20-03</u>					
(NOTE: Registered Agent signature required when reinstating)					
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	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	PHILIPS, JEFF		NAME	Christopher Johnson	
STREET ADDRESS	1219 SIDCUPID		STREET ADDRESS	4608 River Close Blvd, Valrico, FL 33594	
CITY-ST-ZIP	MAITLAND FL 32751		CITY-ST-ZIP		
TITLE	TD	☒ Delete	TITLE	TD	☐ Change ☒ Addition
NAME	ROLLY, CHRIS		NAME	Megan Mitchell	
STREET ADDRESS	150 HATTAWAY DRIVE		STREET ADDRESS	1703 Gull Way Court, Winter Springs, FL 32709	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32701		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DAVIS, JAMIE		NAME		
STREET ADDRESS	4601 LARADO PLACE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32812		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DAVIS, PAUL		NAME		
STREET ADDRESS	4601 LARADO PLACE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32812		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u><i>Paul Davis</i></u>			4-20-03 407-429-4047 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

55041584



☒ CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)