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

0010065

DOCUMENT # N01000003016

1. Entity Name

GROWING IN FAITH MINISTRIES INC.

FILED
03 JUN -4 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
1029 NE 9 ST GAINESVILLE FL 32601	1029 NE 9 ST GAINESVILLE FL 32601

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 01-0632856 ☐ 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
THOMAS, BENNY KING 1029 NE 9 ST GAINESVILLE FL 32601	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEXTER, ALBERT 1029 NE 9 ST GAINESVILLE FL 32601	☑ Delete	D Parker, Louis 1029 N.E. 9th St Gainesville FL 32601	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEXTER, BONITA 1029 NE 9 ST GAINESVILLE FL 32601	☑ Delete	D Parker, Miriam 1029 N.E. 9th St. Gainesville FL 32601	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCCUTCHEN, LOVETTE 1029 NE 9 ST GAINESVILLE FL 32601	☑ Delete	V/S Thomas, Angela 8714 N.E. Waldo Rd Gainesville FL 32609	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, ADAM 3814 NW 31 PL GAINESVILLE FL 32606	☐ Delete	200020939292 06/17/03--01065--033 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/02)

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: Benny Thomas BENNY THOMAS 6/2/03 352 377 4526