~~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

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

☐ CHECK HERE IF MAKING CHANGES

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	D ☑ Delete	TITLE	D ☑ Change ☐ Addition
NAME	DEXTER, ALBERT	NAME	Parker, Louis
STREET ADDRESS	1029 NE 9 ST	STREET ADDRESS	1029 N.E. 9th St
CITY-ST-ZIP	GAINESVILLE FL 32601	CITY-ST-ZIP	Gainesville Fl. 32601
TITLE	D ☑ Delete	TITLE	D ☑ Change ☐ Addition
NAME	DEXTER, BONITA	NAME	Parker, Miriam
STREET ADDRESS	1029 NE 9 ST	STREET ADDRESS	1029 N.E. 9th St.
CITY-ST-ZIP	GAINESVILLE FL 32601	CITY-ST-ZIP	Gainesville Fl. 32601
TITLE	D ☑ Delete	TITLE	V/S ☑ Change ☐ Addition
NAME	MCCUTCHEN, LOVETTE	NAME	Thomas, Angela
STREET ADDRESS	1029 NE 9 ST	STREET ADDRESS	8714 N.E. Waldo Rd
CITY-ST-ZIP	GAINESVILLE FL 32601	CITY-ST-ZIP	Gainesville Fl. 32609
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	THOMAS, ADAM	NAME	200020939292
STREET ADDRESS	3814 NW 31 PL	STREET ADDRESS	06/17/03--01065--033 **61.25
CITY-ST-ZIP	GAINESVILLE FL 32606	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: Benny King Thomas 6/2/03 352 377 4526

CR2E037 (10/02)