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6/30/2002-90227-(

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Sep 03, 2002 8:00 am
Secretary of State
06-30-2002 90227 004 ****61.25

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000005136

1. Entity Name

GLENN BURKETT MINISTRIES, INC.

Principal Place of Business	Mailing Address
2282 MARTIN LUTHER KING JR. BLVD. PANAMA CITY FL 32405	2282 MARTIN LUTHER KING JR. BLVD. PANAMA CITY FL 32405

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	Applied For / Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-3658208	
City & State	City & State: Panama City FL		
Zip / Country	Zip: 32405 / Country: Bay	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
BURKETT, GLENN 2282 MARTIN LUTHER KING, JR. BLVD. PANAMA CITY FL 32405	Name: Same 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.

SIGNATURE: Glenn A. Burkett GB Pres. — DATE: 6-25-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9.		
FILE NOW: FEE IS $61.25	Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE D NAME Glenn Burkett STREET ADDRESS 2282 MLK Jr Blvd. CITY-ST-ZIP Panama City FL 32405		☐ Delete		☐ Change ☐ Addition
TITLE D NAME Paula Bush STREET ADDRESS 219 Maine AVE Board of Director CITY-ST-ZIP Panama City FL 32401		☐ Delete		☐ Change ☐ Addition
TITLE D NAME Sharon Marsh Board of STREET ADDRESS PO 4658 Director CITY-ST-ZIP Santa Rosa Bch FL 32459		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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 — Glenn A. Burkett — 7-26-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #