

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000005377

FILED
Jan 05, 2003
Secretary of State

Entity Name: JOURNEY MINISTRIES OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

130 UNIVERSITY PARK PLACE
SUITE 135B
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

PO BOX 780683
ORLANDO, FL 32878

New Mailing Address:

FEI Number: 59-3735117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GROVES, JAMES E
14101 PORTRUSH DRIVE
ORLANDO, FL 32828

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: P () Delete
Name: GROVES, JAMES E
Address: 14101 PORTRUSH DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: GROVES, DEBRA K
Address: 14101 PORTRUSH DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: V () Delete
Name: LONDON, CLAUDE M
Address: 9544 ROSEWALK COURT
City-St-Zip: ORLANDO, FL 32825

Title: T () Delete
Name: SAMS, DANIELLE E
Address: 802 BRITTANY LAKES LANE #838
City-St-Zip: ORLANDO, FL 32828

Title: S () Delete
Name: NELSON, RONALD C
Address: 2831 LOGANDALE DRIVE
City-St-Zip: ORLANDO, FL 32817

Title: D () Delete
Name: WARD, DALE
Address: 833 HICKORY HILL COURT
City-St-Zip: ORLANDO, FL 32828

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: T (X) Change () Addition
Name: SAMS, DANIELLE E
Address: 12423 CASTLEMAIN TRAIL
City-St-Zip: ORLANDO, FL 32828

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: JAMES E. GROVES

P

01/05/2003

Electronic Signature of Signing Officer or Director

Date

LUCINDA LOVELACE, D
735 MALONEY LANE
ORLANDO, FL 32825