FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Sep 18, 2002 8:00 am Secretary of State DOCUMENT # N0100005630 1. Entity Name 09-18-2002 90046 038 \*\*\*\*61.25 ADDISON SAM MINISTRIES, INC. Principal Place of Business Mailing Address 1910 KEEBLER LN 1910 KEEBLER LN BRANDON FL 33510 BRANDON FL 33510 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired  $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7162 Hardscrabble Ro Addison NY 111-BYLER, SAMUEL 1910 KEEBLER LN **BRANDON FL 33510** TAMPA 8. The above named entity submits this statement for the purpose of changing its registered office of d 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 After September 13, 2002, 9. Election Campaign Financing Make Check Payable to \$5.00 May Be min. will be \$236.25. Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. MILE ☐ Delete TITLE Byler Somuel K 7162 Hardscrabble Rd BYLER, SAMUEL NAME NAME STREET ADDRESS STREET ADDRESS 1910 KEEBLER LN CITY-ST-ZIP CITY-ST-ZIP Addison NY 14801 **BRANDON FL 33510** TITLE ☐ Delete TITLE Byler Gertrude 162 Hard scrabble Rd NAME BYLER, GERTRUDE NAME STREET ADDRESS 1910 KEEBLER LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRANDON FL 33510** ☐ Delete TITLE ler Joseph 18 State Rt 49 rrisen Velley, Pa 16927 NAME BYLER, JOSEPH NAME STREET ADDRESS STREET ADDRESS 1910 KEEBLER LN CITY-ST-ZIP **BRANDON FL 33510** CITY-ST-ZIP TITLE ☐ Delete TITLE Addition 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 TITLE ☐ Delete TITLE Change ☐ Addition

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SEMBNATHE BLOUSTER K B. Ler

NAME STREET ADDRESS

CITY-ST-7IP

Sept 10, 2002 - 607-359-2304