2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N0100006318

200	2 UN	FORM BUS	NESS REPO	ORT (UE	BR)	4 T	FILI		•በበ	ım
DOCUMENT # N0100006318						Jun 02, 2002 8:00 am Secretary of State				
THE M	iinistry C INC.	F FAITH IN JESUS (CHRIST THE LIVING				04-17-2002 90048	034 **	***79.00	
Principal Pl	ss	Mailing Address			}					
4156 WILLOW DR SOUTH			4158 WILLOW DR SOUTH							
MULBERRY I	FL 33860		MULBERRY FL 33860							
							77.77.79.50			_
	Place of Busi		3. Mailing Address			1				
Suite, Ap	Memorial Blog	4/56 Willo Suite, Apt. #, etc.	m Dis To	wth	`	-2		#	. .	
			Suite, Apr. #, etc.				DO NOT WRITE IN THIS SP	ACE		
Lakeland Fl.			City & State Mulberry Fl.			4. FEI Number 73 - 164 - 1985 Applied For Not Applied For				
Zip 3380		Country	Zip	Country					lot Applicable	<u> </u>
3380		U.S.	33860	u.s.		5. Certificate of S	Fe	8.75 Ac	iditional ed	
	6. Name	and Address of Current R	egistered Agent	Name		7. Name and Ad	tress of New Registered Ag	ent		7
HAMILTO	IARD REV.		يعوانه استنفت	ر معارضه Addrose (P.O. Barris		<u></u>	<u> </u>	-	
4156 WiL			Sheet	Address (P.O. Box Number is	Not Acceptable)			1	
MULBERF									7	
				City			FL	Zip Cod	fe	1
8. The abov	e named entit	y submits this statement for t	he purpose of changing its	registered office	or register	ed agent, or both, in		· · · · · ·		-
	\bigcirc		1 1/- 1.	\wedge			_			
SIGNATURE Ker. Krehand Hamilto					4-3-02					
	Signature, typed	or printed name of registered agent an	title if applicable. (NQTE	Registered Agent signs		- -	DATE			
•									7	
FILE NOW: FEE IS \$61.25			Trust Fund C			\$5.00 May Be Added to Fees Make Check Payable to Department of State				
10.		OFFICERS AND DIRE	CTORS	T. Car			•			
TITLE D	Р		Delete Delete	11.	<u>A</u>	DDITIONS/CHANG	ES TO OFFICERS AND DIREC	CTORS IN Change		=
NAME		, JR., RICHARD REV.		NAME			L) Change	☐ Addition	(9/01)
STREET ADDRESS CITY-ST-ZIP	MULBERRY	OW DR SOUTH ' Fl. 33860		STREET ADDRESS CITY-ST-ZIP						I N
TITLE T	D		☐ Delete	TITLE		 	·		—	CRZE03
NAME		LESTER D BRO.		NAME			L.) Change	Addition	0
STREET ADDRESS CITY-ST-ZIP	733 BRYON			STREET ADDRESS CITY-ST-ZIP	ļ					
ime	·V·	The second secon	Delete	TITLE	. ~~~~	-				
NAME	HAMILTON,	SR., RICHARD BRO.		HAME				Change **	Addition	
STREET ADDRESS City-St-Zip	1831 W 7 S LAKELAND			STREET ADDRESS CITY-ST-ZIP						1
TIFLE			☐ Delete	TITLE				04		
NAME			□ bc/eto	NAME			Ų	Change	Addition	
STREET AODRESS Cliy-St-Zip				STREET ADDRESS						
TITLE			☐ Delete	CITY-ST-ZIP					—	
WANE			C. Delets	title Name				Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				STREET ADORESS						
TITLE		· · · · · · · · · · · · · · · · · · ·		CITY-ST-ZIP			······································			
NAME I			☐ Delete	TITLE NAME				Change	☐ Addition	
STREET ADDRESS XTY-ST-ZIP				STREET ADDRESS						
				CITY. CT. 710						

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 AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR OR DIRECTOR

Daytime Phone #