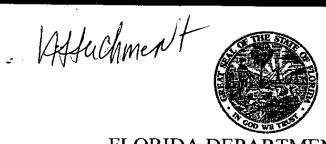
FILED Sep 30, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N0100007263 09-30-2002 90178 048 ****61.25 LORD OF THE DANCE MINISTRY INC. Principal Place of Business Mailing Address 1120 VINEYARD PL 1120 VINEYARD PL LEHIGH ACRES FL 33936 LEHIGH ACRES FL 33936 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State air City & State 4. FEI Number Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMALL, NAOMI Street Address (P.O. Box Number is Not Acceptable) 1120 VINEYARD PL LEHIGH ACRES FL 33936 City 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 (NOTE: Registered Agent signature required when reinstating) DATE After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to min. will be \$236.25. Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE ☐ Change SEYMOUR, AUDREY Addition STREET ADDRESS 1117 NE 11TH STREET STREET ADDRESS CITY-ST-ZIP Cape Coral Fl 33909 CITY-ST-71P DDF Oeleta TITLE Change NAME ☐ Addition SMALL, NAOMI NAME STREET ADDRESS 1120 VINEYARD PL STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL:33936 CITY-ST-7IP TITLE Delete TITLE Change NAME WOOD, JEAN Addition NAME STREET ADDRESS 1978 WILD LIME DR STREET ADDRESS CITY-ST-ZIF Sambel Fl 33957 CITY-ST-ZIP Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME Addition NAME STREET ACCORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE NAME Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify to 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 triat rify 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-0 or Block 11 in the chapter 617, Florida Statutes and that my name appears in Block-0 or Block 11 in the chapter 617.

SIGN/ATURE HES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

September 11, 2002

LORD OF THE DANCE MINISTRY INC. 1120 VINEYARD PL LEHIGH ACRES, FL 33936

Subject: LORD OF THE DANCE MINISTRY INC.

Reference Number:

N01000007263

678403

Please be advised, we have received your annual report/uniform business report; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please note the money amounts differ on the check. The numeric and written amounts must be the same. Please send a corrected check for the proper amount.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JN ANNUAL REPORTS SECTION