

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91399 014 ****61.25

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DOCUMENT # N01000007442

1. Entity Name

HALL'S LOVE & CONCERN MINISTRIES, INC.



Principal Place of Business

**1024 SANDERS AVE.
GRACEVILLE FL 32440**

Mailing Address

**PO BOX 13
GRACEVILLE FL 32440**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

☒ Not Applicable

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

**HALL, BOBBIE A MRS.
1024 SANDERS AVE.
GRACEVILLE FL 32440**

Name

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
HALL, BOBBIE A
1024 SANDERS AVE.
GRACEVILLE FL 32440** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PERSONAL ADVISOR
MR. GEORGE WATERS
3045 S. AUSTIN, ST.
SEATTLE, WA** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HALL, BOBBIE A
1024 SANDERS AVE.
GRACEVILLE FL 32440** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MRS. ANNUAL FRANKLIN
5498 N. BROWN ST.
GRACEVILLE, FL 32440** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROXTON, LAVONDA
51 BLACKBERRY ST.
PAXTON FL 32538** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MR. DONALD PITMAN
5441 COOPER ST.
GRACEVILLE, FL 32440** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
STRICTLAND, GREG
29 BLACKBERRY ST.
PAXTON FL 32538** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**APOSTLE CALVIN BRELOVE
P.O. BOX 567
MALONE, FL 32445** ☐ 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

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 of Bobbie A. Hall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)