

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

DOCUMENT # **N01000007442**

1. Entity Name

HALL'S LOVE & CONCERN MINISTRIES, INC.



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

0000734

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

Principal Place of Business 1024 SANDERS AVE. GRACEVILLE FL 32440	Mailing Address PO BOX 13 GRACEVILLE FL 32440
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent HALL, BOBBIE A MRS. 1024 SANDERS AVE. GRACEVILLE FL 32440	7. Name and Address of New Registered Agent
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4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PERSONAL ADVISOR MR. GEORGE WATERS 3045 S AUSTIN ST. SEATTLE, WA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HALL, BOBBIE A 1024 SANDERS AVE. GRACEVILLE FL 32440	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MRS. ANNUAL FRANKLIN 5498 N. BROWN ST. GRACEVILLE, FL 32440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROXTON, LAVONDA 51 BLACKBERRY ST. PAXTON FL 32538	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. DONALD PITMAN 5441 COOPER ST. GRACEVILLE, FL 32440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STRICTLAND, GREG 29 BLACKBERRY ST. PAXTON FL 32538	TITLE NAME STREET ADDRESS CITY-ST-ZIP	APOSTLE CALVIN BRELOVR P.O. BOX 567 MADISON, FL 32445
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

CR2E037 (10/02)

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: *Danatore RE Bobbie A. Hall*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #