2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 AM
Secretary of State

DOCUMENT# N01000007566

Entity Name: THE SWORDSMEN MINISTRIES, INC.

Current Principal Place of Business:

891 SE 130TH AVENUE
WEBSTER, FL 33597

New Principal Place of Business:

Current Mailing Address:

891 SE 130TH AVENUE
WEBSTER, FL 33597

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVID, GARRICK JR
300 VIRGINIA STREET
CLERMONT, FL 34711

Name and Address of New Registered Agent:

STORY, LORI A
1007 CHESTNUT ST.
CLERMONT, FL 34711

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.

SIGNATURE: LORI A. STORY 03/05/2002
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T,D ( ) Change (X) Addition
Name: STORY, JANET C
Address: 891 S.E. 130TH AVE.
City-St-Zip: WEBSTER, FL 33597

Title: P,D ( ) Change (X) Addition
Name: STORY, DANIEL A
Address: 929 S.E. 130TH AVE.
City-St-Zip: WEBSTER, FL 33597

Title: VP,D ( ) Change (X) Addition
Name: STORY, RANDALL A
Address: 1007 CHESTNUT ST.
City-St-Zip: CLERMONT, FL 34711

Title: S,D ( ) Change (X) Addition
Name: STORY, LORI A
Address: 1007 CHESTNUT ST.
City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI A. STORY S 03/05/2002
Electronic Signature of Signing Officer or Director — Date