Sent By: SELLAR SEWELL RUSS SAYLOR AND JO;3527874341;   Apr-1

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90101 007 ****61.25

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

DOCUMENT # N01000007618

1. Entity Name
Carver Heights Ministries, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1111 W. Line Street		P.O. Box 492722	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Leesburg, FL		City & State: Leesburg, FL	
Zip: 34748	Country: US	Zip: 34749	Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number — Applied For [ ] / Not Applicable [X]

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: Saylor, Bruce A.
Street Address (P.O. Box Number is Not Acceptable): 907 Webster Street
City: Leesburg   FL   Zip Code: 34748

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.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   DATE

9. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P,D
NAME	Griner, Tom
STREET ADDRESS	1111 W. Line Street
CITY-ST-ZIP	Leesburg, FL 34748
TITLE	T,D
NAME	Griner, Patricia A.
STREET ADDRESS	1111 W. Line Street
CITY-ST-ZIP	Leesburg, FL 34748
TITLE	S,D
NAME	Glass, Martha
STREET ADDRESS	1111 W. Line Street
CITY-ST-ZIP	Leesburg, FL 34748
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Tom Griner   4-19-02   352-326-5672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

TOM GRINER