2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 28, 2002 8:00 am
Secretary of State
02-20-2002 90088 024 ****61.25

DOCUMENT # N01000007721

1. Entity Name

GLENN WARD MINISTRIES, INC.

Principal Place of Business	Mailing Address
726 CAMBRIDGE WAY LAKE WALES FL 32935	726 CAMBRIDGE WAY LAKE WALES FL 32935

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1880 N. Crystal Lake Dr	P O Box 1703
Suite, Apt. #, etc.: #18	Suite, Apt. #, etc.
City & State: Lakeland, FL	City & State: Lakeland, FL
Zip: 33801 Country: POLK	Zip: 33802-1703 Country: POLK

4. FEI Number: 59-3753378 ☐ 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
WARD, GLENN 726 CAMBRIDGE WAY LAKE WALES FL 32935	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.

SIGNATURE: Glenn Ward 2/04/02
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 Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D WARD, F. GLENN P. O. BOX 1703 LAKELAND FL 33802-1703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P D WARD, DOROTHY JEAN P. O. BOX 1703 LAKELAND FL 33802-1703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC. /TREAS D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T D CONNOR, JEFFREY P. O. BOX 1703 LAKELAND FL 33802-1703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T T PARKER, DENNIS A P. O. BOX 1703 LAKELAND FL 33802-1703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T T WHITE, TODD D P. O. BOX 1703 LAKELAND FL 33802-1703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Glenn Ward 2/04/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #