

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000008672

FILED
Mar 16, 2003
Secretary of State

Entity Name: SOT MINISTRIES - USA, INC.

Current Principal Place of Business:

2227 TRECOTT DR.
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2227 TRECOTT DR.
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 02-0585136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOTSPEICH, RICHARD A
2227 TRECOTT DR.
TALLAHASSEE, FL 32308

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LOTSPEICH, RICHARD A
Address: 2227 TRECOTT DR.
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: THOMSON, W. FREDERICK
Address: 812 GREENBRIER LN.
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: MCMULLEN, RANDY
Address: 1918 HIDDEN VALLEY RD.
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: LOTSPEICH, ELAINE E
Address: 2227 TRECOTT DR.
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: DREW, MITCHELL N JR
Address: 495 FRANK SHAW RD.
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICHARD A. LOTSPEICH

D

03/16/2003

Electronic Signature of Signing Officer or Director

Date