2002 UNIFORM BUSINESS REPORT (UBR)

Aug 07, 2002 8:00 am Secretary of State DOCUMENT # NO100008679 07-16-2002 90348 024 ****61.25 BROTHER TOM MINISTRIES, INC. Principal Place of Business. Mailing Address 40952 2711 STTH STREET EAST 2711 57TH STREET EAST BRADENTON FL 34208 BRADENTON FL 34208 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. O NOT WRITE IN THIS SPACE City & State City & State 4. FEI Numbe Applied For 01-0606542 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PERSSE, JOHN W 1800 SECOND STREET STE 715 SARASOTA FL 34236 City 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. 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 After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. min. will be \$236,25. Added to Fees Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete ☐ Change Addition NAME BEIMBORN, THOMAS J NAME STREET ADDRESS 2711 57TH STREET EAST STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP **BRADENTON FL 34208** MAE Delete ☐ Change ■ Addition NAME BEIMBORN, FRANCES E NAME STREET ADDRESS 2711 57TH STREET EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** TITLE D. Delete TITLE -- Change - Addition NAME MAYS, MYRNA NAME STREET ADDRESS 2711 57TH STREET EAST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL 34208** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 impowered.

12-2002