2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2002
Secretary of State

DOCUMENT# N01000008885

Entity Name: PERFECTING MINISTRIES, INC.

Current Principal Place of Business:

17 JUNIPER PASS TRAIL
OCALA, FL 34480

New Principal Place of Business:

Current Mailing Address:

17 JUNIPER PASS TRAIL
OCALA, FL 34480

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:

WARE, GWENDOLYN Y
17 JUNIPER PASS TRAIL
OCALA, FL 34480

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: DP ( ) Delete
Name: WARE, GWENDOLYN Y
Address: 17 JUNIPER PASS TRAIL
City-St-Zip: OCALA, FL 34480

Title: DT ( ) Delete
Name: SNEED, LISA L
Address: P.O.BOX 11955
City-St-Zip: JACKSONVILLE, FL 32239

Title: DS ( ) Delete
Name: HODGE, ELIZABETH
Address: 1416 GRIFFIN RD #37
City-St-Zip: LEESBURG, FL 34748

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:

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: GWENDOLYN YVONNE WARE DP 09/13/2002

Electronic Signature of Signing Officer or Director — Date