

FILED  
Jun 09, 2003 8:00 am  
Secretary of State

05-15-2003 90114 049 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N02000000032

1. Entity Name

WAYNE RITCHIE MINISTRIES, INC.



Principal Place of Business

5620 E FOWLER AVE #8  
TAMPA FL 33617

Mailing Address

5620 E FOWLER AVE #8  
TAMPA FL 33617

44003763

2. Principal Place of Business

3072 Glen Oak Ave N

Suite, Apt. #, etc.

3. Mailing Address

3072 Glen Oak Ave N

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

Clearwater FL

City & State

Clearwater FL

4. FEI Number

EIN # 80-0026551

Applied For

Not Applicable

Zip

33759

Country

USA

Zip

33759

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RITCHIE, WAYNE

5620 E FOWLER AVE #8  
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name WAYNE RITCHIE

Street Address (P.O. Box Number is Not Acceptable)

3072 Glen Oak Ave N.

City Clearwater

FL

Zip Code

33769

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

*Wayne Ritchie*

WAYNE S. RITCHIE

05/10/03

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  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE President  
NAME Wayne Ritchie  
STREET ADDRESS 3072 Glen Oak Ave N  
CITY-ST-ZIP Clearwater, FL 33759 ☐ Delete ☒ (D)

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Vice-President  
NAME ADRIENNE RITCHIE  
STREET ADDRESS 3072 Glen Oak Ave N.  
CITY-ST-ZIP Clearwater, FL 33759 ☐ Change ☒ Addition ☒ (T)

TITLE Secretary  
NAME MICHAEL HENSON  
STREET ADDRESS 900 Glen Oak Ave E.  
CITY-ST-ZIP Clearwater, FL 33759 ☐ Change ☒ Addition ☒ (T)

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Adrienne Ritchie* (Adrienne Ritchie)

05/10/03 (727)797-9650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20037 (10/02)