

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N02000000707

FILED
Apr 08, 2003
Secretary of State

Entity Name: HALLELUJAH, GOD REIGNS MINISTRIES, INC.

Current Principal Place of Business:

PO BOX 4137
ST. AUGUSTINE, FL 32085

New Principal Place of Business:

Current Mailing Address:

PO BOX 4137
ST. AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 30-0043510

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NIESTEMSKI, PATRICIA N
96 BARBAROSA
ST. AUGUSTINE, FL 32086 US

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: PT () Delete
Name: NORTON, LUCY S REV
Address: 150 TULIP TRAIL
City-St-Zip: HENDERSONVILLE, NC 28739

Title: V () Delete
Name: NIESTEMSKI, PATRICIA N
Address: 96 BARBAROSA STREET
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: SD () Delete
Name: ARGO, EMILY
Address: 92 BARBAROSA
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: V () Delete
Name: NIESTEMSKI, THADDEUS J REV
Address: 96 BARBOSA STREET
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Delete
Name: NICHOLS, DUANE
Address: COW PEN ROAD
City-St-Zip: HASTINGS, FL 32145

Title: D () Delete
Name: KRAMER, ESTER
Address: OAK STREET APTS.
City-St-Zip: ST. AUGUSTINE, FL 32085

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:

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: THADDEUS NIESTEMSKI

V

04/08/2003

Electronic Signature of Signing Officer or Director

Date