


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

**DOCUMENT # N02000000820**

1. Entity Name  
**TURNER FAITH MINISTRY, INC.**



Principal Place of Business      Mailing Address  
 P.O. BOX 67      P.O. BOX 67  
 LAKELAND FL 33800-0067      LAKELAND FL 33800-0067

2. Principal Place of Business      3. Mailing Address  
**703 W 3<sup>RD</sup> ST**      Suite, Apt. #, etc.

City & State      City & State  
**Lakeland FL**      City & State

Zip      Country      Zip      Country  
**33805**      **FL**      Zip      Country

4. FEI Number      Applied For  
**00-0002036**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BROWN, APOSTLE H.**  
**3944 McLERI Lane**  
**LAKELAND FL 33805**

7. Name and Address of New Registered Agent  
 Name **Apostle H.L. Brown**  
 Street Address (P.O. Box Number is Not Acceptable) **SAME**  
 City **LAKELAND**      FL      Zip Code **33805**

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

**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**

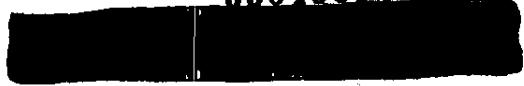
| 10. OFFICERS AND DIRECTORS |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>P</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>TURNER, MICHAEL</b> <i>D</i>          | NAME  |   |
| STREET ADDRESS             | <b>1512 CLOUGH ST</b>                    | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>WAYCROSS GA 31501</b>                 | CITY-ST-ZIP   |   |
| TITLE                      | <b>S</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>BROWN, APOSTLE</b> <i>D</i>           | NAME  |   |
| STREET ADDRESS             | <b>P.O. BOX 67</b>                       | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>LAKELAND FL 33802</b>                 | CITY-ST-ZIP   |   |
| TITLE                      | <b>T</b> <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>MOORE, WILLIE J</b> <i>T</i>          | NAME  |   |
| STREET ADDRESS             | <b>1512 CLKOUGH ST.</b>                  | STREET ADDRESS  |   |
| CITY-ST-ZIP                | <b>WAYCROSS GA 31501</b>                 | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | NAME  |   |
| STREET ADDRESS             |  | STREET ADDRESS  |   |
| CITY-ST-ZIP                |  | CITY-ST-ZIP   |   |
| TITLE                      | <input type="checkbox"/> Delete          | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE: *Michael Turner*      **Michael Turner**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2037 (10/02)

**55049892**



Attachment

NO 200010820

55049898 June 2, 2003

To the Division of Corporations:

We truly apologize for responding  
past the due date. We are enclosing  
the amount that is due. Again we  
(Turner Faith Ministries) apologize for  
any inconvenience, or processing delays  
due to our negligence. Thank you,  
and have a Blessed Day!

Prophet Michael Turner