

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

FILED
Jun 16, 2003 8:00 am
Secretary of State

05-12-2003 90220 010 ****61.25

DOCUMENT # N02000000894



1. Entity Name

UNDER ONE ROOF MINISTRIES, INC.

Principal Place of Business

**177 US HWY ONE NO 250
TEQUESTA FL 33469**

Mailing Address

**177 US HWY ONE NO 250
TEQUESTA FL 33469**

55048611

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

27-0002473

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**SORENSEN, JOHN G
177 US HWY ONE NO 250
TEQUESTA FL 33469**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SORENSEN, JOHN G
177 US HWY ONE NO 250
TEQUESTA FL 33469** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WAGNER, DAWN
177 US HWY ONE NO 250
TEQUESTA, FL 33469** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Michael GREEN
177 US HWY ONE NO 250
TEQUESTA, FL 33469** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RUSTO, MARIA
177 US HWY ONE NO 250
TEQUESTA, FL 33469** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE
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CITY-ST-ZIP
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN G. SORENSEN

04-24-03

Date

772-349-2404

Daytime Phone #

CR2E037 (10/02)