

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

DOCUMENT # N02000002231			
1. Entity Name HIDDEN TREASURES MINISTRIES INC.			
Principal Place of Business 6340 OCEAN DR CORAL SPRINGS, FL 33063-7023		Mailing Address 6340 OCEAN DR CORAL SPRINGS, FL 33063-7023	
2. Principal Place of Business 1700 N. Australian Ave Suite, Apt. #, etc.		3. Mailing Address 1700 N. Australian Ave Suite, Apt. #, etc.	
City & State West Palm Beach, FL		City & State West Palm Beach, FL	
Zip 33407		Zip 33407	
Country Palm Beach		Country Palm Beach	
4. FEI Number 01-0641028		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent A1A CORPORATE SERVICES INC. 218 SOUTHERN COUNTRY LN QUINCY, FL 32361		7. Name and Address of New Registered Agent 	
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 _____ (NOTE: Registered Agent's signature required when reappointing) 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 NAME STREET ADDRESS CITY-ST-ZIP D SAMPSON, WILLIAM 6340 OCEAN DR CORAL SPRINGS, FL 330637023	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 1700 N. Australian Ave. West Palm Beach FL 33407	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP D DANIELS, MICHELLE 6340 OCEAN DR CORAL SPRINGS, FL 330637023	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 1700 N. Australian Ave West Palm Beach, FL 33407	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP DP SAMPSON, DEBORAH 6340 OCEAN DR CORAL SPRINGS, FL 330637023	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 1700 N. Australian Ave West Palm Beach FL 33407	☒ Change ☐ Addition
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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: Deborah Sampson		6/17/03 (562) 438-8248	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	