FILED

Jun 18, 2003 8:00 am Secretary of State

06-18-2003 90019 037 ****70.00

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

CHMENT#	N02000003448
JOOUIVILIA 1 #	コソレノしょくいんしょうササム

1. Entity Name

PASSAGE MINISTRIES, INC.



Principal Place of Business Mailing Address 11503 N.W. 136TH STREET 11503 N.W. 136TH STREET ALACHUA FL 32615 ALACHUA FL 32615 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIX. GEORGE B JR. Street Address (P.O. Box Number is Not Acceptable) 11503 N.W. 136TH STREET ALACHUA FL 32615 City Zip Code 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 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Hollie Graham 5 TITLE ☐ Delete TITLE ☐ Change Addition DIX, GEORGE B JR. NAME NAME Trustee (T) STREET ADDRESS 11503 N.W. 136TH STREET STREET ADDRESS

6/8 SE 14th Terr 6V2, FL 32641
Talstee (T)

Change Madition CITY-ST-ZIP ALACHUA FL 32615 CITY-ST-7IP ☐ Delete TITLE TITLE DIX, ROSALYN M NAME Gerald Chism 13306 NW 150 Me Hlochua, FL 32616 STREET ADDRESS 11503 N.W. 136TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALACHUA FL 32615 TITLE ☐ Delete TIT1 F ☐ Change HUTCHINSON, ORAN C NAME NAME STREET ADDRESS 11503 N.W. 136TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALACHUA FL 32615 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ 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 supply mental 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 of the corporation or the receiver or trustee emichanged, or on an attachment with an address like empowered

SIGNATURE:

(352) 514-704