

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

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90100 049 ****69.00

DOCUMENT # N02000004357

1. Entity Name
UNCOMMON SENSE MINISTRIES, INC.



Principal Place of Business
**510 NORTH 8TH AVENUE
WAUCHULA FL 33873-2216**

Mailing Address
**510 NORTH 8TH AVENUE
WAUCHULA FL 33873-2216**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

-CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

43-197-0063

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TILLMAN, DAVID
510 NORTH 8TH AVENUE
WAUCHULA FL 33873-2216**

Name

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

City

FL

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

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 **PD** Delete
NAME **TILLMAN, DAVID**
STREET ADDRESS **510 NORTH 8TH AVENUE**
CITY-ST-ZIP **WAUCHULA FL 33873-2216**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **YBARRA, FELIX**
STREET ADDRESS **303 HANCOCK ROAD**
CITY-ST-ZIP **WAUCHULA HILLS FL 33873**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** Delete
NAME **CLIFTON, NANCY**
STREET ADDRESS **100 MY DRIVE WAY**
CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** Delete
NAME **HERDER, WAYNE**
STREET ADDRESS **100 MY DRIVE WAY**
CITY-ST-ZIP **AUBURNDALE FL 33823**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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:

David Tillman
DAVID TILLMAN

1-19-03

863-773-4609

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)