

**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.

-CHECK HERE IF MAKING CHANGES

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 _____ (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	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	TILLMAN, DAVID	510 NORTH 8TH AVENUE	WAUCHULA FL 33873-2216	<input type="checkbox"/>	<input type="checkbox"/>
VD	YBARRA, FELIX	303 HANCOCK ROAD	WAUCHULA HILLS FL 33873	<input type="checkbox"/>	<input type="checkbox"/>
TD	CLIFTON, NANCY	100 MY DRIVE WAY	AUBURNDAL FL 33823	<input type="checkbox"/>	<input type="checkbox"/>
SD	HERDER, WAYNE	100 MY DRIVE WAY	AUBURNDAL FL 33823	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

CR2E037 (10/02)