

FILED  
Apr 08, 2003 8:00 am  
Secretary of State

04-08-2003 90097 005 \*\*\*61.25

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                 |                                                                                                                                                                                                                                         |                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # N02000004873</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 |                                                                                                                                                        |                                                                                                                                                                 |
| 1. Entity Name<br><b>JIM SMITH MINISTRIES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                 |                                                                                                                                                                                                                                         |                                                                                                                                                                 |
| Principal Place of Business<br>1055 N.E. 126TH ST., STE. 306<br>NORTH MIAMI, FL 33161                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 | Mailing Address<br>1055 N.E. 126TH ST., STE. 306<br>NORTH MIAMI, FL 33161                                                                                                                                                               |                                                                                                                                                                 |
| 2. Principal Place of Business<br><i>12550 BISCAYNE BLVD.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                 | 3. Mailing Address<br><i>12550 BISCAYNE BLVD.</i>                                                                                                                                                                                       |                                                                                                                                                                 |
| Suite, Apt. #, etc.<br><i>526</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 | Suite, Apt. #, etc.<br><i>526</i>                                                                                                                                                                                                       |                                                                                                                                                                 |
| City & State<br><i>North Miami FL</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 | City & State<br><i>North Miami FL</i>                                                                                                                                                                                                   |                                                                                                                                                                 |
| Zip<br><i>33181</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country<br><i>U.S.</i>                                                                                          | Zip<br><i>33181</i>                                                                                                                                                                                                                     | Country<br><i>U.S.</i>                                                                                                                                          |
| 4. FEI Number<br><i>48-1265236</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                                                  |                                                                                                                                                                 |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                 |                                                                                                                                                                                                                                         |                                                                                                                                                                 |
| 6. Name and Address of Current Registered Agent<br><b>SPIEGEL &amp; UTRERA, P.A.<br/>1840 SW 22ND ST.<br/>4TH FLOOR<br/>MIAMI, FL 33146</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                 | 7. Name and Address of New Registered Agent<br>Name<br><i>JAMES E. SMITH</i><br>Street Address (P.O. Box Number is Not Acceptable)<br><i>12550 BISCAYNE BLVD. SUITE # 526</i><br>City<br><i>North Miami</i> FL Zip Code<br><i>33181</i> |                                                                                                                                                                 |
| 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.<br>SIGNATURE <i>James E. Smith</i> President DATE <i>4/3/03</i><br><small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required when removing.)</small>                                                                                                                                                                                       |                                                                                                                 |                                                                                                                                                                                                                                         |                                                                                                                                                                 |
| FILE NOW: FEE IS \$61.25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                                         |                                                                                                                                                                 |
| Make Check Payable to:<br>Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                 |                                                                                                                                                                                                                                         |                                                                                                                                                                 |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                                   |                                                                                                                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PST<br>SMITH, JAMES E<br>1055 N.E. 126TH ST., STE. 306<br>NORTH MIAMI, FL 33161 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                          | PSTD<br>SMITH, JAMES E.<br>12550 BISCAYNE BLVD. SOT. # 526<br>NORTH MIAMI FL 33181 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                          | Michael Mathis<br>12550 BISCAYNE BLVD. SUITE # 500<br>NORTH MIAMI FL 33181 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                          | MARY ALICE MATHIS<br>12550 BISCAYNE BLVD. SUITE # 500<br>NORTH MIAMI FL 33181 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> Delete                                                                                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                               |
| 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: <i>James E. Smith</i> President                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                 | DATE: <i>4/3/03</i> 305-528-9830                                                                                                                                                                                                        |                                                                                                                                                                 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 | <small>Date Daytime Phone #</small>                                                                                                                                                                                                     |                                                                                                                                                                 |

CR2EC37 (1/02)