FILED
Jun 09, 2003 8:00 am
Secretary of State
06-09-2003 90125 001 ****61.25

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

DOCUMENT # N02000005319

80125500

1. Entity Name
A GOD SEND MINISTRIES, INC.

Principal Place of Business	Mailing Address
613 CONSTITUTION DRIVE ORANGE PARK, FL 32073	613 CONSTITUTION DRIVE ORANGE PARK, FL 32073

[redacted]

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Street, Apt. #, etc.	Street, Apt. #, etc.
City & State	City & State
Zip / County	Zip / County

4. FEI Number 14-1837392 — Applied For / Not Applicable

5. Certificate of Status Ordered ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RUSSELL, PAMELA A 613 CONSTITUTION DRIVE ORANGE PARK, FL 32073	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 _____ DATE

FILE NOW: FEE $ 61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RUSSELL, PAMELA A 613 CONSTITUTION DRIVE ORANGE PARK, FL 32073 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP RUSSELL, DANNY L 613 CONSTITUTION DRIVE ORANGE PARK, FL 32073 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BAILEY, CYNTHIA 215 E. BLAIRMORE BLVD ORANGE PARK, FL 32073 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COWAN, HENRI S 3724 CASTLE PINES LANE APT #4226 ORLANDO, FL 32839 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: Pamela A Russell 4/10/2003 (904) 272-1037
NAME AND TITLE OF PERSON SIGNING (SEE INSTRUCTION C) — DATE — DAYTIME PHONE NUMBER