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

DOCUMENT # N0200005430

1. Entity Name

SKYWATCHER MUSIC MINISTRIES, INC.



FILED Mar 31, 2003 8:00 am Secretary of State 03-31-2003 90159 038 ****70.00

Photograph Place of Business 4. Malling Address Sulle, Apt. 4, etc. Sulle, Apt. 4, etc. Chy & State City & State TRIMBLE, MICHAELL 4942 YRELYE OANS CIT. AUXNONOMILE F1 32210 City FL							CO WE THE						
Suries Apt. #, etc.	4642 TWELVE OAKS CT.				TWELVE OAKS CT.			_ ` 	F##(F1#) #(F###	18 3 81 3 18 33 181 3 1	1 011 41 116 41 115	1812: 8 151: 61 710 #	(9)) 08 47 f 48 7
City & State Ci	Principal Place of Business 3. Mailing Addr.					Address							
Zip Country 5, Centricate of Status Desired Sense Additional Fee Required Agent	Suite, Apt.	#, etc.		S	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES.					
Signarums Country Zip Country Zip Country S. Certificate of Status Doesrod Sequence	City & State				ity & State								
Name and Address of New Registered Agent Name	Zip Country			Zi	q	intry .	5 Certificate of Status Desired \$8.75 Additions				ditional		
TRIMBLE, MICHAEL L 4842 TWELVE OAKS CT. JACKSONVILLE FI. 32210 City FL Zip Code Ci	6, Name and Address of Current Registe				ed Agent			- 7. Nan	ne and Add	ress of New	Registered		- \
### Addition ##							Name					 	
ACKSONMILE FL 32210 City FL Zip Code 8. The aboven named eright submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** **SIGNATURE** **SIGNATURE** **PILE NOW: FEE IS \$61.25 **SEE IS \$61.25							Street Address	(P.O. Box	Number is N	lot Acceptat	ole)		
B. 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													
SIGNATURE Signature Signa			+				,					L	
SIGNATURE FILE NOW: FEE IS \$61.25 S. Election Carmaign Financing				or the pur	cose of changing its	registere	ed office or registe	ered agent	, or both, in t	the State of t	Florida. I ar	n familiar with,	and accept
FILE NOW: FEE IS \$61.25 \$. Election Campaign Financing Trust Fund Contribution. TO OFFICERS AND DIFFECTORS TO OFFICERS AND DIFFECTORS TO OFFICERS AND DIFFECTORS TILE MCHAEL L STREET ADDRESS ACT. ACKSONVILLE FI. 32210 TILE NAME TRIMBLE, BONNIE J STREET ADDRESS CITY-ST-2P TILE NAME STREET ADDRESS CITY-ST-2P TO SET ADDRESS CITY-ST-2P T	i io opiiga.		·										
Signature, typed or printed rame of migratered agent and life of signature of Agent signature required when reinstating) S\$.00 May Be Make Check Payable to Florida Department of State	SIGNATURE	* . <u></u> . *	•										
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME TRIMBLE, MICHAEL L 4642 TWELVE OAKS CT. JACKSONVILLE FL 32210 TITLE VID NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SIGNATORE .	Signature, typed	or printed name of registered agent	and title if ap	plicable. (NOTE	: Registere	d Agent signature require	ed when reinsta	ating)		DATE		
Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE NAME TRIMBLE, MICHAEL L 4642 TWELVE OAKS CT. JACKSONVILLE FL 32210 TITLE VID NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			14										
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FILE NOW: FEE IS \$61.25				, , , , , , , , , , , , , , , , , , , ,								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	10	:	OFFICERS AND DI	RECTORS	<u> </u>	111		ADDITION	VS/CHANGE	S TO OFFIC	PERS AND I	DIRECTORS IN	I 10
NAME STREET ADDRESS CITY-ST-ZIP TRIMBLE, MICHAEL L 4642 TVELVE OAKS CT. STREET ADDRESS CITY-ST-ZIP TRIMBLE, BONNIE J AAME STREET ADDRESS CITY-ST-ZIP TRILE NAME STREET ADDRESS CITY-ST-ZIP TRILE NAME STREET ADDRESS CITY-ST-ZIP TRILE STREET ADDRESS CITY-ST-ZIP TRILE NAME STREET ADDRES		PCD	OTT TO ETTO THE OTT	1201011	_			TIBBITIO!	10,0,0,000	20 10 01110	JE1107114D 1		
CITY-ST-ZIP JACKSONVILLE FL 32210 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADD	NAME					NAM	E						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS					STRE	ET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP		VILLE FL 32210			CITY	-ST-ZIP						
STREET ADDRESS CITY-ST-ZIP TITLE NAME STAFFORD, KATHY STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			DOMENT I		Delete							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP													
TITLE NAME STREET ADDRESS CITY-ST-ZIP		r -					- 1	حداث ورسي	- The state of the		-		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			VILLE I E GLE IO		□ Delete	TITLE	:					☐ Change	Addition
CITY-ST-ZIP LAKE CITY FL 33025 TITLE NAME STREET ADDRESS CITY-ST-ZIP			d, kathy		- Delete		1			,			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS	561 S.W.	SIESTA GLEN			STRE	ET ADDRESS						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP	LAKE CITY	/ FL 33025			CITY	-ST-ZIP			:			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE				☐ Delete	TITLE						Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP													
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP							l l						
NAME - STREET ADDRESS CITY-ST-ZIP								·····					□ Addition (
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP					∟ Delete							Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP							ļ						
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP													
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE				☐ Delete	TITLE						☐ Change	Addition
CITY-ST-ZIP CITY-ST-ZIP	NAME					NAM	<u> </u>						į
													{
		_											

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:

Michael L. Trimble 3/17/03 19047908-5548