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

FILED
May 22, 2003 8:00 am
Secretary of State
05-01-2003 90787 043 ****61.25

DOCUMENT # N02000005922

1. Entity Name

ELDER CARL JOSEPH & NEW SPIRITUAL GOSPEL TRU-TON ES, INC.

Principal Place of Business	Mailing Address
1010 SE PINCKNEY ST MADISON FL 32340	1010 SE PINCKNEY ST MADISON FL 32340

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

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 51-0427203 ☐ Applied For ☐ Not Applicable

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
JOSEPH, ELDER CARL 1010 SE PINCKNEY ST MADISON FL 32340	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 / NAME / STREET ADDRESS / CITY-ST-ZIP	C JOSEPH, ELDER CARL 1010 SE PINCKNEY ST MADISON FL 32340	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Mitchell, Michael 1300 MLK Apt F-2 Madison, FL. 32340	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Farmer, Eric Merritt Trailor Park #9 Madison, FL. 32340	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Mitchell, Vincent 1300 MLK Apt F-2 Madison, FL 32340	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Roberson, Desmond 411 Merritt Dr. Madison, FL. 32340	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Haynes, Fred 907 E Base st #9 Madison, FL. 32340	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Eddie JP. 211 Lucky St Madison, FL 32340	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Clark, Timothy 1010 E Pinckney St. Madison, FL. 32340	☐ 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: Carl Joseph Elder 4-28-03 - 850-253-1211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #