

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

**FILED**  
**May 28, 2003 8:00 am**  
**Secretary of State**

4/29

04-29-2003 90051 045 \*\*\*61.25

**DOCUMENT # N02000007282**

1. Entity Name

**PILLOW TALK MINISTRIES, INC.**



Principal Place of Business

**200 THIRD ST  
PERRY FL 32348**

Mailing Address

**200 THIRD ST  
PERRY FL 32348**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**47-0911005**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WOODFAULK, KATHY L  
200 THIRD ST  
PERRY FL 32348**

7. Name and Address of New Registered Agent

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

TITLE **PD** ☐ Delete  
NAME **WOODFAULK, KATHY L**  
STREET ADDRESS **200 THIRD ST**  
CITY-ST-ZIP **PERRY FL 32348**

TITLE **D** ☐ Delete  
NAME **WOODFAULK, VERA MAE**  
STREET ADDRESS **200 THIRD ST**  
CITY-ST-ZIP **PERRY FL 32348**

TITLE **TD** ☐ Delete  
NAME **LENNEAR, MELISSA A**  
STREET ADDRESS **12835 SANCTUARY COVE #2218**  
CITY-ST-ZIP **TEMPLE TERRACE FL 34761**

TITLE **D** ☐ Delete  
NAME **WALKER, DOVA**  
STREET ADDRESS **799 E BIRCHWOOD CIR**  
CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE **D** ☐ Delete  
NAME **EVERSON, JOSIE**  
STREET ADDRESS **4100 E DIJON DR**  
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **SD** ☐ Delete  
NAME **MITCHELL, ERNESTINE**  
STREET ADDRESS **129 S BEVERLY ST**  
CITY-ST-ZIP **PERRY FL 32348**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Kathy L Woodfaulk*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/03**

Date

**(850) 584-4013**

Daytime Phone #

CR2E037 (10/02)