

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91298 029 ****61.25

DOCUMENT # N02000007420 1. Entity Name MENYAN ADAMS MINISTRIES, INC.					
Principal Place of Business 190 WOODBINE WAY STE 119 PALM BCH GARDENS, FL 33418			Mailing Address P.O. BOX 32721 PALM BCH GARDENS, FL 33420		
2. Principal Place of Business 190 WOODBINE WAY Suite, Apt. #, etc. # 118			3. Mailing Address P.O. Box 32721 Suite, Apt. #, etc.		
City & State PALM Beach Gardens, FL.		City & State PALM Bch Gardens, FL		4. FEI Number 61-141 2921	
Zip 33418		Country USA		Zip 33420	
Country USA		Country PALM Beach		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, MENYAN 190 WOODBINE WAY STE 118 PALM BCH GARDENS, FL 33418				7. Name and Address of New Registered Agent Name Same 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 <u><i>Menyan Adams</i></u> DATE <u>4/24/03</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)					
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	D ADAMS, MENYAN P.O. BOX 32721 PALM BCH GARDENS, FL 33418	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, SHARON A 2714 S 10TH ST FT PIERCE, FL 34982	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, EVELYN R 190 WOODBINE WAY 118 PALM BCH GARDENS, FL 33418	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDREWS, LEMUEL R 11008 ULSTER CT TAMPA, FL 33610	☐ 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	
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: <u><i>Menyan Adams</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: <u>4/24/03</u> (561) 889-1675 Date Daytime Phone #		

11023970



☐ CHECK HERE IF MAKING CHANGES

CR2037 (10/02)