2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 13, 2003
Secretary of State

DOCUMENT# N02000008212

Entity Name: INFINITE WELLNESS MINISTRIES, INC.

Current Principal Place of Business:

630 WEST BREVARD STREET
TALLAHASSEE, FL 32304

New Principal Place of Business:

Current Mailing Address:

630 WEST BREVARD STREET
TALLAHASSEE, FL 32304

New Mailing Address:

FEI Number: 35-2185605 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKINNEY, ANNIE
630 WEST BREVARD STREET
TALLAHASSEE, FL 32304

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MCKINNEY, ANNIE
Address: 630 WEST BREVARD STREET
City-St-Zip: TALLAHASSEE, FL 32304

Title: VD ( ) Delete
Name: BLACKMAN, DANIEL JR
Address: 1722 WEST 17TH STREET APT E 201
City-St-Zip: PANAMA CITY, FL 32405

Title: STD ( ) Delete
Name: COYLE, WILLIE
Address: 104 CURRY CIRCLE
City-St-Zip: TROY, AL 36081

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change ( ) Addition
Name: BLACKMAN, DANIEL JR
Address: 2755 OAK HAMMOCK DRIVE
City-St-Zip: PANAMA CITY, FL 32401

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNIE MCKINNEY PD 07/13/2003

Electronic Signature of Signing Officer or Director — Date