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

## FILED May 05, 2003 8:00 am Secretary of State

DOCUMENT # NO200009423  1. Entity Name SHEILA J. SPENCER MINISTRIES, INC.						04-02-2003 90090	045 ****	70.00	
Principal Pla	ce of Business	4							
3956_TOWN_CENTER_BLVD 3956_TOWN_CENTER_BLVD ORLANDO_FL_32637 ORLANDO_FL_32637				سحبحب					-
OKEANDO FL	. 32637	ORLANDO FL 32837			1				
2 Principal	Olono of Business	0.14-2				1111 (1411 1411) 1411) 1511 1611 1611 1111 (1411 1411) 1611 1611 1611 1611 1611			
2. Principal Place of Business		3. Mailing Address		j inanuriu	OTITA ITAKA ODILI OBINI OBINI OBINI OBINI	ONE IGNI CHIR	MINI III III		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Sta	te	City & State			4. FEI Number Applied For				
Zip Country		Zip Country		untru.	56-2349939 Not Applicable				
					5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent				News	7. Name and Add	iress of New Registered	Agent		7
SPENCER, SHEILA J				Name					
2236 DOE CROSSING				Street Address (P.O. Box Number is Not Acceptable)					
ORLANDO FL 32837									7
}				City		FL	Zip Coo	le	1
8. The above	named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	d office or register	red agent, or both, in	the State of Florida. i am	familiar with,	and accept	1
ine obliga	uons or registered agent.								1
SIGNATURE									1
	Signature, typed or printed name of registered agent an	d tife if applicable. (NOT	E: Registered	Agent signature required	when reinstating)	DATE		<del></del>	·]
FILE NOW: FEE IS \$61,25  8. Election Camp Trust Fund Co					\$5.00 May Be Added to Fees	Make Checi Florida Depar			
10.	OFFICERS AND DIRE	CTORS	11,		ADDITIONS/CHANG	ES TO OFFICERS AND DI	RECTORS IN	10	Ⅎ_
TITLE NAME	T Spencer, Sheila J	Delete	TITLE NAME				☐ Change	Addition	[§
STREET ADDRESS	2236 DOE CROSSING			T ADDRESS					7
CITY-ST-ZIP	ORLANDO FL 32837		стү-	ST-ZIP		<del></del>			CR2E037 (10/02)
TITLE NAME	DAVIS, TEMEKA L	☐ Delete	TITLE NAME				Change	Addition Addition	SE SE
STREET ADDRESS	10131 W SUNRISE BLVD			T ADDRESS	•				
CITY-ST-ZIP	PLANTATION FL 33322		спү-	ST-ZIP					
NAME	SHEPARD, KELLEY	Delete	TITLE				☐ Change	Addition	
STREET ADDRESS	3621 CHATWICK LANE			T ADDRESS					Ì
CITY-ST-ZIP	DAVENTONPORT FL 33837		CITY-	ST-ZIP					
TITLE NAME	i Miller, danielle	☐ Delete	TITLE				☐ Change	☐ Addition	]
STREET ADDRESS	221 BURGOYNE LOOP		NAME STREE	T ADDRESS					1
CITY-ST-ZIP	DAVENPORT FL 33879	·	CITY-S	51 - ZIP					1
TITLE	T AND STOLEN AND A STATE OF	☐ Delete	TITLE				☐ Change	☐ Addition	1
name Street address	MILLER, JAMES LE W III 221 BURGOYNE LOOP	المستحملية الم	NAME	ADDRESS		د مروح مالمدرجون بالمالية	<u></u>		. 4
CITY-ST-ZIP	DAVENPORT FL 33879		City-S	ı				•	
mle		□ Delete	TITLE		<del></del>		☐ Change	☐ Addition	{
HAME			, NAME	1					
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADORESS					
12 I hereby c	ertify that the information supplied with the	is filing does not qualify for	the aver	ntion stated in Con	tion 119.07(3)(i). Flor	ida Statutes I further certi	fy that the in	formation	
maicated :	on this report or supplemental report is tru	e and accurate and that m	v signatu:	re shall have the sa	ame legal effect as if	made under gath; that I ar	n an officer	ar director	Ī

The boy certify that the information supplied with this land 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 or an attachment with an address, with all other like empowered.

SIGNATURE

PRINTED MANE OF BIONING OFFICER OR DRECTOR

1/88/03 2408508

Daytime Phone