FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90242 014 ****61.25

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

DOCUMENT # N04575

1. Entity Name
EFFECTIVENESS MINISTRIES, INC.

90123537

Principal Place of Business	Mailing Address
206 S OCCIDENT ST TAMPA, FL 33609 US	P.O. BOX 25936 TAMPA, FL 33622

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 4202 W CLEVELAND ST	Suite, Apt. #, etc.
City & State: TAMPA FL	City & State
Zip: 33609 Country: US	Zip / Country

4. FEI Number: 59-2628977 ☐ 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
MOORE, ROBERT B. 206 S. OCCIDENT ST TAMPA, FL 33609	Name Street Address (P.O. Box Number is Not Acceptable): 4202 W CLEVELAND ST City: TAMPA FL Zip Code: 33609

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] 4/29/03
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent's signature required when submitting.) 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	PD MOORE, ROBERT B. 206 S. OCCIDENT ST TAMPA, FL 33609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 4202 W CLEVELAND ST TAMPA FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOORE, PAUL. 29034 LANDBRIDGE ST. WESLEY CHAPEL, FL 33543	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CAMPBELL, LYN 2016 YALE AVE. DUNEDIN, FL 34698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition LYN CAMPBELL MOORE 5202 W CLEVELAND ST TAMPA FL 33609
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
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: [signature] MOS 4/29/03 813-286-7320
(Signature and Typed or Printed Name of Individual) (Date) (Daytime Phone #)