2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04941

1. Entity Name

CARL RICHARDSON MINISTRIES, INC.

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FILED Jul 17, 2002 8:00 am Secretary of State

07-17-2002 90123 025 ****70.00

Principal Place of Business Mailing Address PO BOX 1000 PO BOX 1000 304 E. LUMSDEN 304 E. LUMSDEN BRANDON FL 33511 BRANDON FL 33511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2471263 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) RICHARDSON, CARL H. 3006 DRAKE'S LANDING PO BOX 1000 VALRICO FL 33594 City 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 After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. min. will be \$236.25. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change Addition RICHARDSON, CARL H. NAME NAME STREET ADDRESS 3006 DRAKE'S LANDING STREET ADDRESS CITY-ST-ZIP VALRICO FL CiTY-ST-ZIP STD ☐ Delete Change Addition RICHARDSON, BEVERLY 3006 DRAKE'S LANDING STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VALRICO FL CITY-ST-ZIP ☐ Delete ☐ Change Addition SIMMONS, DAVID L. NAME STREET ADDRESS 3006 DRAKE'S LANDING STREET ADDRESS CITY-ST-ZIP VALRICO FL CITY-ST-ZIP TITI F PD ☐ Delete TITLE ☐ Change ☐ Addition NAME RICHARDSON, CARL H. NAME STREET ADDRESS 3006 DRAKE'S LANDING STREET ADDRESS CITY-ST-ZIP VALRICO FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

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