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

SIGNATURE:

SIGNATURE AND TIPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILFD **DOCUMENT # N07317** 03 NOV -6 AH 9: 48 1. Entity Name OPEN HOMES MINISTRIES, INC. SECREJARY OF STATE TALLAMASSEE FLORIDA Principal Place of Business Mailing Address 427 S. NEW YORK AVENUE 427 S. NEW YORK AVENUE **SUITE 103** SUITE 103 WINTER PARK, FL 32789 WINTER PARK, FL 32789 2. Principal Flau 250 14-11/0 ruex Principal Place of Business 3. Mailing Address 50 59-2459037 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired rance Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCDANIEL, DAVID S Street Address (P.O. Box Number is Not Acceptable) 427 S. NEW YORK AVENUE **SUITE 103** WINTER PARK, FL 32789 a. 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 CATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Initial or Amended UBR Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE ☐ Delete Change CH2E037 (10/02 MCDANIEL, PETER M NAME NAME 700024481197 427 S. NEW YORK AVENUE STREET ADDRESS STREET ADDRESS 11/06/03--01046--002 **61.25 CITY-ST-ZP WINTER PARK, FL 32789 CITY-ST-ZIP TITLE ☐ Change Addition TITLE Delete NAME MCDANIEL, MATTHEW N NAME 427 S. NEW YORK AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZP WINTER PARK, FL 32789 CITY-ST-ZIP TITLE Delete TITLE -☐ Change Addition **GARNO, JEFFERY** NAME NAME 427 S. NEW YORK AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZP WINTER PARK, FL 32789 CITY-ST-2IP ☐ Delete TITLE (X) Change TITLE Addition MCDANIEL, DAVID S NAME NAME STREET ADDRESS 427 S. NEW YORK AVENUE STREET ADDRESS WINTER PARK, FL 32789 CITY-ST-2IP CITY-ST-ZP TITLE TITLE Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP C(TY-51-21P TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-SI-ZP CITY-ST-2IP 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Fronda 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 except 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 anyadgress, with all ging flige empowered.

Date

Davime Phone #