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

DOCUMENT # N13031

1. Entity Name

DAVID F. STEWART, JR. EVANGELISTIC MINISTRIES, I



May 01, 2003 8:00 am Secretary of State

05-01-2003 91000 040 ****70.00

FILED

NC.				145					
Principal Place of Business % JANE C. SOLBERG 3005 CROSS FOX DRIVE MULBERRY FL 33860		Mailing Address % JANE C. SOLBERG 3005 CROSS FOX DRIVE MULBERRY FL 33860							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-2		Applied For Not Applicable		
Zip Country		Zip	Zip Country		5. Certificate of State	\$8.75 Ad	\$8.75 Additional Fee Required		
	6. Name and Address of Current	Registered Agent			7. Name and Addre	ss of New Regist	ered Agent		<u> </u>
			Name						
3005 CR	G, JANE C. OSS FOX DRIVE		Street A	Street Address (P.O. Box Number is Not Acce					1
MULBERI	RY FL 33860		City		···		Zip Coo	1 0	
			City				FL Zip Coo		
								and accept	
	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE:	Registered Agent signat	ture required w	/hen reinstating)		DATÉ		
I	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 DI	RECTORS	11.	Ai	ODITIONS/CHANGES	TO OFFICERS AN	ND DIRECTORS I	N 10	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD & STEWART JR, DAVID E 749 WAKELON RD WINDSOR NC	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	100/00/
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEWART, DAVID E SR 749 WAKELON ROAD WINDSOR NC	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	CBS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BREDBENNER, HAL 8513 SOUTHBRIAR DR. RALEIGH NC	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOLBERG, JANE C. 3005 CROSS FOX DR. MULBERRY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRELL, HOWARD 203 TALBOT STREET SALISBURY MD 21801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5699	LL, HOWARD MT. HERMON BURY MD 218		K Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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:

DEC Ulane C. Solberg April 28, 2003

863-667-5013