

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15248

1. Entity Name

WHOLE MAN MINISTRIES, INC.

**FILED**  
Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90163 009 \*\*\*\*61.25

Principal Place of Business

Mailing Address

339 SW 95TH AVE.  
MIAMI FL 33165  
US

PO BOX 650546  
MIAMI FL 33265  
US

2. Principal Place of Business

Same as Above

3. Mailing Address

Same as Above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2703414

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ARROYO, NANCY M  
1900 S. HARBOR CITY BLVD.  
SUITE 328  
MELBOURNE FL 32901

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	BOODHOO, KEN I.	
STREET ADDRESS	23700 SW 153 AVE	
CITY - ST - ZIP	HOMESTEAD FL 33032	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANDERSON, R. RAY	
STREET ADDRESS	5771 S.W. 109TH COURT	
CITY - ST - ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	WESTCOTT, JEAN	
STREET ADDRESS	2455 MARKINGHAM RD.	
CITY - ST - ZIP	MAITLAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNN, GWEN	
STREET ADDRESS	4339 SW 95TH AVENUE	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAAKSMA, MARY	
STREET ADDRESS	11905 SW 107TH AVENUE	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIPLEY, CAROLINE	
STREET ADDRESS	838 BRAE CT NE	
CITY - ST - ZIP	PALM BAY FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 of Ken I. Boodhoo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEN I. BOODHOO 02/14/02 305-246-5988

Date

Daytime Phone #

CR2E037 (9/01)