

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N23417**

1. Entity Name

**REX HUMBARD MINISTRY, INC.**

Principal Place of Business

**P O BOX 3063  
BOCA RATON FL 33431**

Mailing Address

**P O BOX 3063  
BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0032337**

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

Name

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

City

**FL**

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.

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

TITLE ☐ Delete**CD  
HUMBARD, REX E., SR.  
265-5 OCEANVIEW BLVD.  
PACIFIC GROVE CA**TITLE ☐ Delete**PD  
HUMBARD, REX E JR.  
3600 S CONGRESS #E  
BOYNTON BEACH FL**TITLE ☐ Delete**DVP  
HUMBARD, DON R  
10909 TAMARISK TRAK  
BOYNTON BEACH FL 33436**TITLE ☐ Delete**TD  
LONDEREE, DONN  
3271 SE COURT DRIVE  
STEWART FL 34997**TITLE ☐ Delete**D  
MONROE, PETER  
9300 HOLLY HILL FARM RD.  
CHARLOTTE NC 28277**TITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteNAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

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:

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90033 043 \*\*\*\*70.00

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DO NOT WRITE IN THIS SPACE

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