2002 UNIFORM BUSINESS REPORT (UBR)

May 22, 2002 8:00 am Secretary of State **DOCUMENT # N23417** 1. Entity Name 05-22-2002 90192 029 ****70.00 REX HUMBARD MINISTRY, INC. Principal Place of Business Mailing Address P O BOX 3063 P O BOX 3063 AGA RATON FL 33431 **BOCA RATON FL 33431** 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 65-0032337 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WHITE, JOHN II Street Address (P.O. Box Number is Not Acceptable) 1645 PALM BEACH LAKES BLVD. PENTHOUSE SUITE W. PALM BEACH FL 33401 Zip Code FL 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 9. Election Campaign Financing **\$5.00** May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 CD TITLE ☐ Delete TITLE ☐ Addition HUMBARD, REX E., SR. NAME NAME STREET ADDRESS 265-5 OCEANVIEW BLVD. STREET ADDRESS CITY-ST-ZIP PACIFIC GROVE CA CITY-ST-ZIP PD ☐ Delete TITLE Change Addition HUMBARD, REX E JR. NAME 3600 S CONGRESS #E STREET ADDRESS STREET ADDRESS CITY-ST-ZIF Boynton Beach Fl CITY-ST-7IP TITLE" -= " DVP ---Delete TITLE ☐ Change ☐ Addition NAME HUMBARD, DON R NAME STREET ADDRESS 10909 TAMARISK TRAK STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33436** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LONDEREE, DONN NAME NAME STREET ADDRESS 3271 SE COURT DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP STEWART FL 34997 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MONROE, PETER NAME NAME STREET ADDRESS 9300 HOLLY HILL FARM RD. STREET ADDRESS CITY-ST-7IP CHARLOTTE NC 28277 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APON 20 2002 561 7320201

FILED