


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

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90108 027 ****70.00

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
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0032337	Applied For
	Not Applicable

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

WHITE, JOHN II 1645 PALM BEACH LAKES BLVD. PENTHOUSE SUITE W. PALM BEACH FL 33401
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	REX HUMBARD JR	1-1-03
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	HUMBARD, REX E., SR.	
STREET ADDRESS	265 E OCEANVIEW BLVD.	
CITY-ST-ZIP	PACIFIC GROVE CA 90926	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HUMBARD, REX E JR.	
STREET ADDRESS	3600 S CONGRESS #E	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	HUMBARD, DON R.	
STREET ADDRESS	10909 TAMARISK TRAK	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LONDEREE, DONN	
STREET ADDRESS	3271 SE COURT DRIVE	
CITY-ST-ZIP	STEWART FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONROE, PETER	
STREET ADDRESS	9300 HOLLY HILL FARM RD.	
CITY-ST-ZIP	CHARLOTTE NC 28277	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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: 	REX HUMBARD JR	1-1-03	561 740 7343
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE	Daytime Phone #

CR2E037 (10/02)