

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

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90167 022 ****61.25

DOCUMENT # N26003

1. Entity Name

STOREHOUSE MINISTRIES, INC.



Principal Place of Business

**% 4409 SE 16TH PLACE
UNIT 9
CAPE CORAL FL 33904**

Mailing Address

**% 4409 SE 16TH PLACE
UNIT 9
CAPE CORAL FL 33904**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0061661**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BROOME, JULIAN D.
8416 NAULT RD
NORTH FORT MYERS FL 33917**

7. Name and Address of New Registered Agent

Name

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

4409 S. E. 16th Place Unit 9

Cape Coral, FL 33904

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

Julian D. Broome

1/10/2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete
**PD
BROOME, JULIAN D.
8416 NAULT RD
N. FT. MYERS FL**

TITLE NAME ☒ Change ☐ Addition
**4409 S. E. 16th Place Unit 9
Cape Coral, FL 33904**

TITLE NAME ☒ Delete
**STD
CHARLES D. GILLESPIE
230 NEBO CHURCH RD.
SENECA SC**

TITLE NAME ☒ Change ☐ Addition
**STD
Sandra J. Franklin
4477 St. Clair Avenue West
North Fort Myers, FL 33903-5832**

TITLE NAME ☒ Delete
**VPD
LILGE, MIKE
16186 NEW AVE., APT 6
LEMONT IL**

TITLE NAME ☒ Change ☐ Addition
**D
Shirley R. Ezelle
5301 Cortez Court
Cape Coral, FL 33904**

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ 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:

Julian D. Broome

Julian D. Broome PD 1/10/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)