

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N27834

FILED
Feb 07, 2002 8:00 AM
Secretary of State

Entity Name: FIVE FOLD MINISTRIES, INC.

Current Principal Place of Business:

4265 UTE COURT
ESTERO, FL 33928 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 19
CANTON, MN 55922 US

New Mailing Address:

P O BOX 6885
ROCHESTER, MN 55903 US

FEI Number: 65-0067361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAW, MARK
3210 JOPPA LANE
FORT MYERS, FL 33905 US

Name and Address of New Registered Agent:

SHAW, MARK BISHOP
3210 JOPPA LANE
FORT MYERS, FL 33905 US

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: BISHOP MARK SHAW

02/07/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHAW, MARK,
Address: P O BOX 19
City-St-Zip: CANTON, MN 55922

Title: D () Delete
Name: COLTON, KATHRYN
Address: R R 3 BOX 35
City-St-Zip: HARMONY, MN 55939

Title: D () Delete
Name: MANN, WALLACE
Address: 6497 HILLIARD DR.
City-St-Zip: CANAL WINCHESTER, OH 43110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: SHAW, MARK D BISHOP
Address: P O BOX 994
City-St-Zip: PINE ISLAND, MN 55963

Title: V/D (X) Change () Addition
Name: COLTON, KATHRYN I PASTOR
Address: 1711 8TH STREET SE
City-St-Zip: PINE ISLAND, MN 55963

Title: V/D (X) Change () Addition
Name: MANN, WALLACE
Address: 6497 HILLIARD DR.
City-St-Zip: CANAL WINCHESTER, OH 43110

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BISHOP MARK SHAW

P/D

02/07/2002

Electronic Signature of Signing Officer or Director

Date