

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N33167

1. Entity Name

2ND TIMOTHY TWO MINISTRIES, INC.

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90002 033 ****70.00

Principal Place of Business

2104 CYPRESS BEND DRIVE SOUTH
APT. 401
POMPANO BCH. FL 33069-4444

Mailing Address

2104 CYPRESS BEND DRIVE SOUTH
APT. 401
POMPANO BCH. FL 33069-4444

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0163636

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

LILLIAN SAUNDERS
2104 CYPRESS BEND DR., #401
~~APT. 401~~
POMPANO BCH FL 33069

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SAUNDERS, LILLIAN
STREET ADDRESS 2104 CYPRESS BEND DR. S.
CITY-ST-ZIP POMPANO BCH. FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME SAUNDERS, SHARI
STREET ADDRESS 1455 OAKVALLEY DR APT 105
CITY-ST-ZIP ANN ARBOR MI 48108 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME WILSON, MARY
STREET ADDRESS 2221 CYPRESS ISLAND DR., #501
CITY-ST-ZIP POMPANO BCH FL ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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:

Lillian Saunders
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01

954
975-8663

CR2E037 (9/01)