

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

**FILED**  
**Jan 10, 2003 8:00 am**  
**Secretary of State**

01-10-2003 90070 005 \*\*\*\*70.00

**DOCUMENT # N33167**

1. Entity Name

**2ND TIMOTHY TWO MINISTRIES, INC.**



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

☐ CHECK HERE IF MAKING CHANGES

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. 202~~  
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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SAUNDERS, SHARI  
1455 OAK VALLEY DR APT 103  
ANN ARBOR MI 48106** ☐ Delete *Change address*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SAUNDERS, SHARI  
250 HARBOR TOWN DR. EAST. #907  
DETROIT, MI. 48207** ☒ Change ☐ Addition

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

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

TITLE  
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CITY-ST-ZIP  
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TITLE  
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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ 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: *Lillian E. Saunders*

*1/7/03 (954) 975-8663*

CR2E037 (10/02)