2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N42303

FRY, WILLIAM,

103 B STREET

HAINES CITY, FL

Name:

Address:

City-St-Zip:

Entity Name: ELEVENTH HOUR MINISTRIES, INC.

FILED Mar 29, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 103 B STREET HAINES ST., FL 33844 US **Current Mailing Address: New Mailing Address:** 103 B STREET HAINES CITY, FL 33844 US FEI Number: 59-3068217 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FRY, WILLIAM K 103 B ST. HAINES CITY, FL 33844 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete JAMES, ANNA Name: Name: Address: 822 CRESCENT VALLEY Address: City-St-Zip: DAVENPORT, FL City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: PRAINO, RITA Name: BOWEN, ROSE Address: 455 S LAKE HOWARD DR. #B-1 Address: 2239 BETHLEHEM CHURCH RD NE City-St-Zip: WINTER HAVEN, FL 33880 City-St-Zip: FLOYD, VA 24091 Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: WILLIAM K FRY D 03/29/2002