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

## May 01, 2003 8:00 am Secretary of State **DOCUMENT # N43655** 05-01-2003 90414 001 \*\*\*\*70.00 1. Entity Name HIS MINISTRY, INC. Principal Place of Business -724 3. SEGRAVE ST. 211 Bay 5 F DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3318574 Applied For Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TOLLESON, RODNEY W Street Address (P.O. Box Number is Not Acceptable) 211 Bayst. 724 3. SEGRAVE ST. **DAYTONA BEACH FL 32114** City 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. 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE Addition TITLE ☐ Change TO'LESON, RODNEY W 2045. RIGGA WOOD AV-NAME NAME STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32114 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Change Addition TOLLESON, KATHLEEN 748 S. RIGEWOOD NU. NAME NAME STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32114 -CITY-ST-ZIP -CITY-ST-ZIP ☐ Delete [] Change TITLE TITLE ☐ Addition KAPLAN, GLEN NAME NAME 1500 BEVILLE RD #606 STREET ADDRESS STREET ADDRESS DAYTONA BEACH FL 32114 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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 apport 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 distingemental report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

4-25-03 386-253-8574

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: