

2002
**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

02-07-2002 90028 037 ****61.25

DOCUMENT # N45386
1. Entity Name ~~BRADENTON REVIVAL TEMPLE, INC. n/k/a~~ ✓
MATTHEW 25:40, INC. N/C 1/9/02 (TM)

B0018414

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Rt. 1, Box 650 Suite, Apt. #, etc.	3. Mailing Address Rt. 1, Box 650 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Raiford, FL	City & State Raiford, FL	4. FEI Number 59-2346969	Applied For Not Applicable
Zip 32083	Country USA	Zip 32083	Country USA
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name TERRY W. PARSON
Street Address (P.O. Box Number is Not Acceptable) Rt. 1, Box 650
City Raiford FL Zip Code 32083

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 TERRY W. PARSON *Terry W. Parson* 1-17-2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$61.25
Initial or Amended UBR

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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TERRY W. PARSON, D, Pres. Rt. 1, Box 650 Raiford, FL 32083	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RANDALL W. PARSON, D, VP 1385 45th Street Sarasota, FL 34234	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	M. DONNA PARSON, D, S/T Rt. 1, Box 650 Raiford, FL 32083	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Terry W. Parson* TERRY W. PARSON, Pres. / 385-431-1614
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)