

DOCUMENT # N46547

1. Entity Name

BUD AND FAITH FREDRICK MINISTRIES, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90047 039 ****61.25

Principal Place of Business

Mailing Address

8529 SIDON STREET
ORLANDO FL 32817

8529 SIDON STREET
ORLANDO FL 32817-1654

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3096371

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

Not Applicable

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREDRICK, H. G JR.
8529 SIDON STREET
ORLANDO FL 32817

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 [] Delete
NAME FREDRICK, JR., H G
STREET ADDRESS 1515 E LIVINGSTON ST
CITY-ST-ZIP ORLANDO FL

TITLE [] Change [] Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD [] Delete
NAME FREDRICK, C. FAITH
STREET ADDRESS 1515 E LIVINGSTON ST
CITY-ST-ZIP ORLANDO FL

TITLE [] Change [] Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D [] Delete
NAME ARNOLD, DOROTHY A
STREET ADDRESS 03640 TROUT AVE
CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE [] Change [] Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] Change [] Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] Change [] Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] Change [] Addition
NAME
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)(l), 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: [Signature] H. G. Fredrick Jr
1/5/00 407 677-1179
Date Daytime Phone #

CR2E037 (9/99)