## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N46939

Entity Name: NETWORK MINISTRIES, INC.

BRITTON, TRACY

903 INDIAN STREET

HAVANA, FL 32333

Name:

Address:

City-St-Zip:

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

**Current Principal Place of Business: New Principal Place of Business:** 903 INDIAN STREET HAVANA, FL 32333 US **Current Mailing Address: New Mailing Address:** PO BOX 3803 TALLAHASSEE, FL 32315 US FEI Number: 59-3106602 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: BRITTON, GEORGE 903 INDIAN STREET HAVANA, FL 32333 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 BRITTON, GEORGE Name: Name: Address: 903 INDIAN STREET Address: City-St-Zip: HAVANA, FL 32333 City-St-Zip: Title: VD (X) Delete Title: () Change () Addition Name: PHILLIPS, RICHARD Name: Address: 3176 SEATTLE SLEW Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: Title: (X) Delete Title: () Change () Addition BRITTON, GEORGE Name: Name: 903 INDIAN STREET Address: Address: City-St-Zip: HAVANA, FL 32733 City-St-Zip: Title: VD ( ) Delete Title: () Change () Addition Name: BIRCH, STEPHEN Name: 1108 CARISSA DRIVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: Title: Title: () Delete () 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: GEORGE BRITTON PD 04/29/2002