

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90009 029 ****70.00

DOCUMENT # N48776

1. Entity Name

THINK ON THESE THINGS MINISTRIES, INC.

Principal Place of Business

**643 GOLFAIR BLVD.
 JACKSONVILLE FL 32206
 US**

Mailing Address

**P.O. BOX 43424
 JACKSONVILLE FL 32203-424
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3131308

Applied For
 Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HAZEL, DANIEL S.
 639 GOLFAIR BLVD
 JACKSONVILLE FL 32206**

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete
 NAME HAZEL, DANIEL S.
 STREET ADDRESS 639 GOLFAIR BLVD
 CITY-ST-ZIP JACKSONVILLE FL

TITLE V ☐ Delete
 NAME SMITH, LEE
 STREET ADDRESS 4631 MITCHELL ST
 CITY-ST-ZIP FOREST PARK GA 30050

TITLE SD ☐ Delete
 NAME GREEN, CHERYL
 STREET ADDRESS 3842 BOULEVARD
 CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE TD ☐ Delete
 NAME HAZEL, MARY W.
 STREET ADDRESS 639 GOLFAIR BLVD
 CITY-ST-ZIP JACKSONVILLE FL

TITLE S ☐ Delete
 NAME BRAZLE, ANGELA D.
 STREET ADDRESS 3842 BOULEVARD
 CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
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 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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Margaret Reddick 5-15-01 (904) 355-4726

CR2E037 (10/00)