

FILED  
Mar 13, 2003 8:00 am  
Secretary of State

02-27-2003 90126 035 \*\*\*\*61.25

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

00010606

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                     |                                                                |                                                                                   |                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <b>DOCUMENT # N92000000963</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                                                                     |                                                                |  |                                                                              |
| 1. Entity Name<br><b>FLORIDA MUSIC MINISTERS FELLOWSHIP, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                     |                                                                |                                                                                   |                                                                              |
| Principal Place of Business<br>1306 MANATEE AVE. W.<br>BRADENTON, FL 34205                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                     | Mailing Address<br>1306 MANATEE AVE. W.<br>BRADENTON, FL 34205 |                                                                                   |                                                                              |
| 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<br><b>59-3152536</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                                                                     |                                                                | Applied For<br>Not Applicable                                                     |                                                                              |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                                                                                     |                                                                | \$8.75 Additional<br>Fee Required                                                 |                                                                              |
| 6. Name and Address of Current Registered Agent<br><b>VANN, JAMES M<br/>7009 36TH AVE.<br/>BRADENTON, FL 34208</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                      |                                                                                     |                                                                | 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                                                                                     |                                                                |                                                                                   |                                                                              |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when submitting)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                                                                                     |                                                                |                                                                                   |                                                                              |
| DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                     |                                                                |                                                                                   |                                                                              |
| FILE NOW - FEE IS \$31.25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                | \$5.00 May Be<br>Added to Fees                                                    |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                      |                                                                                     |                                                                | Make Check Payable to<br>Florida Department of State                              |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                      |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10          |                                                                                   |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D                    | <input type="checkbox"/> Delete                                                     | TITLE                                                          | D                                                                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VANN, JAMES M        |                                                                                     | NAME                                                           | Dan Cracchiola                                                                    |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 7009 36TH AVE. E.    |                                                                                     | STREET ADDRESS                                                 | 2326 Florida Street                                                               |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | BRADENTON, FL 34208  |                                                                                     | CITY-ST-ZIP                                                    | Sarasota, FL 34231                                                                |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D                    | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                          | D                                                                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | MAY, REGGIE          |                                                                                     | NAME                                                           | Rick Cobb                                                                         |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 200 CONCORD RD       |                                                                                     | STREET ADDRESS                                                 | 1513 Center Ave.                                                                  |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DELAND, FL 32720     |                                                                                     | CITY-ST-ZIP                                                    | Holly Hill, FL 32117                                                              |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D                    | <input checked="" type="checkbox"/> Delete                                          | TITLE                                                          |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | WHIPPLE, DAVID       |                                                                                     | NAME                                                           |                                                                                   |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 15911 MYSTIC WAY     |                                                                                     | STREET ADDRESS                                                 |                                                                                   |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TAMPA, FL 33624      |                                                                                     | CITY-ST-ZIP                                                    |                                                                                   |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | D                    | <input type="checkbox"/> Delete                                                     | TITLE                                                          |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PAT, MOBLEY          |                                                                                     | NAME                                                           |                                                                                   |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 2015 FILLY RD        |                                                                                     | STREET ADDRESS                                                 |                                                                                   |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | CANTONMENT, FL 32633 |                                                                                     | CITY-ST-ZIP                                                    |                                                                                   |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      | <input type="checkbox"/> Delete                                                     | TITLE                                                          |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                     | NAME                                                           |                                                                                   |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                                                                     | STREET ADDRESS                                                 |                                                                                   |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                                     | CITY-ST-ZIP                                                    |                                                                                   |                                                                              |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                      | <input type="checkbox"/> Delete                                                     | TITLE                                                          |                                                                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                      |                                                                                     | NAME                                                           |                                                                                   |                                                                              |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                                                                                     | STREET ADDRESS                                                 |                                                                                   |                                                                              |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                                                                                     | 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 of changed, or on an attachment with an address, with all other like empowered. |                      |                                                                                     |                                                                |                                                                                   |                                                                              |
| SIGNATURE: <u>James M. Vann</u> <u>James M. Vann</u> <u>2/21/03</u> <u>941-716-2149</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                      |                                                                                     |                                                                |                                                                                   |                                                                              |