2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N93000000878

Entity Name: MUSTARD SEED MINISTRIES, INC.

FILED Feb 17, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 84 JACARANDA DRIVE SAFETY HARBOR, FL 34695 **Current Mailing Address: New Mailing Address:** 84 JACARANDA DRIVE SAFETY HARBOR, FL 34695 FEI Number: 22-2244102 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: VANCE, MADELINE M 84 JACÁRANDA DRIVE SAFETY HARBOR, FL 34695 US 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 VANCE, MADELINE M Name: Name: 84 JACARANDA DRIVE Address: Address: City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: Title: () Delete Title: () Change () Addition Name: CLARK, JOHN W Name: Address: 1410 14TH CIRCLE SOUTHEAST Address: City-St-Zip: LARGO, FL City-St-Zip: Title: () Delete Title: (X) Change () Addition TRACY, NATHAN Name: TRACY, NATHAN Name: 11463 OVAL DRIVE E 11463 OVAL DRIVE E Address: Address: City-St-Zip: LARGO, FL 34644 City-St-Zip: LARGO, FL 34644 Title: () Delete Title: () Change (X) Addition Name: Name: NOBLE, NELSON PASTOR Address: Address: 725 FIRST COURT City-St-Zip: City-St-Zip: PALM HARBOR, FL 34684 US Title: () Delete Title: () Change (X) Addition VACANT, POSITION Name: Name: VACANT Address: Address: City-St-Zip: City-St-Zip: VACANT, NA VACANT NA Title: () Delete Title: () Change (X) Addition ROBE, SUSAN SECTY Name: Name: Address: Address: 1001 STARKEY RD, #672 LARGO, FL 337715472 US City-St-Zip: City-St-Zip:

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.

SIGNATURE: MADELINE M. VANCE PRES 02/17/2002