FILED

05-02-2003 90181 001 *****8.75

05-02-2003 90181 002 ****61.25

May 02, 2003 8:00 am § Secretary of State

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

DOCUMENT # N9400005504 1. Entity Name

CHOSEN GENERATION MINISTRIES, INC.

WE THE

Principal Place of Business Maili				ng Address			•					
239 NE LAKEVIEW DR			239 NE LAKEVIEW DR									
SEBRING FL 33870 US			SEBRING FL 33870 US									
•			•				118841191 819 19			ANN ANGAL AR	ila 18 5il ale a i ra i	
2. Principal Place of Business				iling Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & State			City & State				4. FEI Number 65-0535908 Applied Fo					
Zip Country			Zi	p	Country		5. Certificate of Status Desired Status Desired See Required					
6Name and Address of Current R							7. Name and Address of New Registered Agent					
					Nan	ne						
FAUST, LESTER DALE DR				Street Address			s (P.O. Box Number is Not Acceptable)					
239 N E LAKEVIEW DR SEBRING FL 33870					 							
				City					FL	Zip (Code	
A. The above	named entity	submits this statement fo	r the pure	ose of changing its	registered offic	e or register	ered agent or both in	the State of Flor		familiar w	ith, and accept	
the obligat				occordinating its	rogioloroa ome	o or ragional	rad agone, or both, in	and didic of the		101111101 11	IIII, dilo docopi	
9IGNATURE .	Classium hand	or printed game of traditioned agent	and sister if non-	Norte (NOTE	- Posistered Asset	land as a single			DATE			
	Signature, typed	or printed name of registered agent a	ind title if app	DIIGRDIO. (NOTE	: Registered Agent s	signature required	o when reinstating)		DAIE			
			1	0 Clastica Com			~= ~~		Ob	ie David	-1	
FILE NOW: FEE IS \$61.25				S. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Make Check Payable to Added to Fees Florida Department of State					
•							//4404 10 1 000	1 10114	a Depai	unent (Ji Qiaic	
10.		OFFICERS AND DIF	RECTORS		11.		ADDITIONS/CHANG	ES TO OFFICER	RS AND D	RECTOR	S IN 10	
TITLE	PD			☐ Delete	TITLE	P				🔲 Chan	ige 🗶 Addition	
NAME		STER DALE DR			NAME	Add	desa, John	J. 6	D_I			
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS			D Change Addition Addesa, John J. 1684 John D Odom Rd. Do+HAN, AL. 36303-1390					
	VD	FL 33870			CITY-ST-ZIP	· 200-	THAN , HL	., 2 420	3-157	5	BET A LUTY	
TITLE NAME	FAUST, DO	ONNA .I		☐ Delete	TITLE NAME	Ad	ddesa Joa	$in P_{i}$	ο.	☐ Chan	ge 🔀 Addition	
				STREET ADDRESS 16			ddesa Joan P. Change Addition B4 John D Odom Rd.					
CITY-ST-ZIP		FL-33870	€#4. ~4· •		CITY-ST-ZIP	Do	THAN, A	L. 3630	93- 12	Ao	1	
in the	D			☐ Delete	TITLE					Chan	ge 🔲 Addition	
ÑĂME		MEW, BENJAMIN			NAME							
STREET ADDRESS CITY-ST-ZIP		KEVIEW DR			STREET ADDR	ESS					ı	
	SEBRING I	rL 330/U										
TITLE NAME	_	OMEN, CHRISTINA		☐ Delete	TITLE NAME					☐ Chan	ge 🔲 Addition	
STREET ADDRESS		KEVIEW DR			STREET ADDR	ESS					İ	
CITY-ST-ZIP	SEBRING !				CITY-ST-ZIP						1	
TITLE				☐ Delete	TITLE					Chan	ge 🔲 Addition	
NAME					NAME						j	
STREET ADDRESS					STREET ADDRE	ESS						
CITY-ST-ZIP	L				CITY-ST-ZIP							
TITLE				☐ Delete	TITLE					Chan	ge 🔲 Addition	
NAME STREET ADDRESS					NAME Street Addri	ess						
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: