

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

DOCUMENT # N94000005504

1. Entity Name

CHOSEN GENERATION MINISTRIES, INC.



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

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

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

Principal Place of Business
239 NE LAKEVIEW DR
SEBRING FL 33870
US

Mailing Address
239 NE LAKEVIEW DR
SEBRING FL 33870
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 65-0535908

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAUST, LESTER DALE DR
239 N E LAKEVIEW DR
SEBRING FL 33870

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME FAUST, LESTER DALE DR
STREET ADDRESS 239 NE LAKEVIEW DR
CITY-ST-ZIP SEBRING FL 33870 ☐ Delete

TITLE D
NAME Addesa, John J.
STREET ADDRESS 1684 JOHN D Odom Rd.
CITY-ST-ZIP DOTHAN, AL. 36303-1390 ☐ Change ☒ Addition

TITLE VD
NAME FAUST, DONNA J
STREET ADDRESS 239 NE LAKEVIEW DR
CITY-ST-ZIP SEBRING FL 33870 ☐ Delete

TITLE D
NAME Addesa, Joan P.
STREET ADDRESS 1684 JOHN D Odom Rd.
CITY-ST-ZIP DOTHAN, AL. 36303-1390 ☐ Change ☒ Addition

TITLE D
NAME BARHOLOMEW, BENJAMIN
STREET ADDRESS 239 NE LAKEVIEW DR
CITY-ST-ZIP SEBRING FL 33870 ☐ Delete

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

TITLE D
NAME BARTHOLOMEW, CHRISTINA
STREET ADDRESS 239 NE LAKEVIEW DR
CITY-ST-ZIP SEBRING FL 33870 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE REQUIRED Faust

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)