

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002017

1. Entity Name

WHOLE FAMILY MINISTRIES INC.

Principal Place of Business

2858 REMINGTON GREEN  
SUITE 113  
TALLAHASSEE FL 32308  
US

Mailing Address

PO BOX 14944  
TALLAHASSEE FL 32317-4944  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SORNE, BRIEN R  
1400 CANADIAN GEESE TRAIL  
TALLAHASSEE FL 32311

4. FEI Number

59-3357035

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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  
After September 12, 2001, min. will be \$236.25

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  
NAME SORNE, BRIEN R  
STREET ADDRESS 1400 CANADIAN GEESE TRAIL  
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE VD  
NAME SORNE, ANNETTE C  
STREET ADDRESS 1400 CANADIAN GEESE TRAIL  
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE ST  
NAME HILL, JAMES H  
STREET ADDRESS 3715 BOBBIN BROOK WEST  
CITY-ST-ZIP TALLAHASSEE FL 32312 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

9/1/01

850 385 3321

FILED  
Sep 13, 2001 8:00 am  
Secretary of State

09-13-2001 90013 020 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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