

2002 UNIFORM BUSINESS REPORT (UBR)

0006706

DOCUMENT # N95000002017

1. Entity Name

WHOLE FAMILY MINISTRIES INC.

FILED

02 SEP 30 PM 3: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2858 REMINGTON GREEN
SUITE 113
TALLAHASSEE FL 32308
US

PO BOX 14944
TALLAHASSEE FL 32317-4944
US

2. Principal Place of Business

3. Mailing Address

1897 Capital Circle NE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE C

City & State

City & State

TALLAHASSEE FL

4. FEI Number

59-3357035

Applied For

Not Applicable

Zip

Country

Zip

Country

32308

US

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SORNE, BRIEN R
1400 CANADIAN GEESE TRAIL
TALLAHASSEE FL 32311

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

BRIEN R. SORNE, PRES. 5/1/02

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME 100008342251--8
STREET ADDRESS -10/11/02--01084--025
CITY-ST-ZIP *****61.25 *****61.25

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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, without other like empowerment.

SIGNATURE:

SIGNATURE REQUIRED BRIEN R SORNE 5/1/02 550-385-3521

CR2E037 (9/01)