NOT-FOR-PROFIT CORPORATION

Feb 18, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State DOCUMENT # N95000004208 01-13-2003 90344 045 ****70.00 1. Entity Name DNZ Ministries, Inc. 55008464 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3111 Zeppl Suite, Apt. #, etc. 3111 DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Horida Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name
William
Street Address (P.O. Box Number is Not Acceptable) DO NOT WRITE IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to initial or Amended UBR Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS TITLE CR2E037B (12/02) Cameron, Wiley Sr 106 Miller Drive Eatenton, GA 31024 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 7**(7)** F NAME Clark, Jimmie M. NAME STREET ADDRESS 3790 Parks Rd STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Lexington, NC 27292 TITLE McNamara, William J. NAME STREET ADDRESS 3111 Zepp Cane STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE Cameron, Wiley Jr. 720 Halter Drive SW NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Albugerque, NM 87121 TITLE NAME Mays, Steve 1607 Greenwood Rd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP aurens 50 29360 TITLE

FILED

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 attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS