

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

06-19-2002 90930 027 ****70.00
N9500006032

FILED

02 JUN 26 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N9500006032
1. Entity Name SHEPHERD'S MEN'S BASKETBALL MINISTRY, INC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1820 18th Ave. So. Suite, Apt. #, etc.		3. Mailing Address 1820 18th Ave so. Suite, Apt. #, etc. St. Petersburg, Fl.		4. FEI Number 59-3384864	Applied For Not Applicable
City & State St. Petersburg, Florida		City & State St. Petersburg, Fl.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33712	Country Pinellas	Zip 33712	Country Pinellas		

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Clyde E. Williams
Street Address (P.O. Box Number is Not Acceptable)
532-33rd St. So.
St. Petersburg, Florida 33712
St. Petersburg, Fl. 33712 FL 33712

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 Clyde E. Williams *Clyde E. Williams* 6/9/02
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
--	---	--------------------------------	--

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman D Walter J. Williams 33705 2403 Trop. Sh. Dr. S.E. St. Pete, Fl	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-Chairman Fleming Tarver 2500 Penn. Ave. Clearwater, Fl.	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Calvin Hopkins 1820 Walton St. So. St. Petersburg, Fl. 33712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR Johnnie Welch 1137 37th St. So. St. Petersburg, Fl. 33711	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Walter J. Williams *Walter J. Williams* 6-7-02 727-894-2698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/01)