2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000001185

Entity Name: GREENHOUSE MINISTRIES INTERNATIONAL, INC.

FILED Mar 08, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2844 SW BOATRAMP AVENUE 600 MAGUIRE BLVD PALM CITY, FL 34990 SUITE A ORLANDO, FL 32803 US **Current Mailing Address:** New Mailing Address: 2844 SW BOATRAMP AVENUE PO BOX 206 PALM CITY, FL 34990 BUNNELL, FL 32110 US FEI Number: 65-0655530 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THOMAS, JEFFREY F 555 COLORADO AVE STUART, FL 34990 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition SHERMAN, ALAN SHERMAN, ALAN Name: Name: 2844 SW BOATRAMP AVENUE Address: 600 MAGUIRE BLVD Address: City-St-Zip: PALM CITY, FL 34990 US City-St-Zip: ORLANDO, FL 32803 US Title: () Delete Title: **VPAD** (X) Change () Addition SHERMAN, SHARALEE Name: SHERMAN, SHARALEE Name: Address: 2844 SW BOATRAMP AVENUE Address: 600 MAGUIRE BLVD City-St-Zip: PALM CITY, FL 34990 US City-St-Zip: ORLANDO, FL 32830 US Title: () Delete Title: () Change () Addition POCH, RONALD A Name: Name: 1128 KETTLE COURT Address: Address: City-St-Zip: KENNESAW, GA 30152 City-St-Zip: Title: ST () Delete Title: () Change () Addition Name: COLEMAN, KELLY Name: 4905 FOXBORO CT. Address: Address: City-St-Zip: MIDLAND, TX 79705 City-St-Zip: Title: Title: () Delete () Change () Addition MATTHEW, LUCAS VALCI Name: Name: 3889 NOWKIN RD Address: Address: City-St-Zip: KENNESAW, GA 30144 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARALEE SHERMAN VP 03/08/2002