

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N96000001185

FILED
Jan 11, 2003
Secretary of State

Entity Name: GREENHOUSE MINISTRIES INTERNATIONAL, INC.

Current Principal Place of Business:

600 MAGUIRE BLVD
SUITE A
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 206
BUNNELL, FL 32110 US

New Mailing Address:

FEI Number: 65-0655530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, JEFFREY F
555 COLORADO AVE
STUART, FL 34990 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: SHERMAN, ALAN
Address: 600 MAGUIRE BLVD
City-St-Zip: ORLANDO, FL 32803 US

Title: VPAD () Delete
Name: SHERMAN, SHARALEE
Address: 600 MAGUIRE BLVD
City-St-Zip: ORLANDO, FL 32830 US

Title: D () Delete
Name: POCH, RONALD A
Address: 1128 KETTLE COURT
City-St-Zip: KENNESAW, GA 30152

Title: ST () Delete
Name: COLEMAN, KELLY
Address: 4905 FOXBORO CT.
City-St-Zip: MIDLAND, TX 79705

Title: D () Delete
Name: MATTHEW, LUCAS VALCI
Address: 3889 NOWKIN RD
City-St-Zip: KENNESAW, GA 30144

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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

01/11/2003

Electronic Signature of Signing Officer or Director

Date