2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9600001771 Apr 29, 2002 8:00 am Secretary of State 1. Entity Name FACE TO FACE MINISTRIES, INC. 04-29-2002 90172 013 ****61.25 Mailing Address Principal Place of Business 4266 W HWY 30-A 4266 W HWY 30-A SANTA ROSA BEACH FL 32459 SANTA ROSA BEACH FL 32459 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3423722 Not Applicable \$8.75 Additional Country Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SPAULDING, BEVERLY 4266 W HWY 30-A SANTA ROSA BEACH FL 32459 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 **Department of State** Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition TITLE ☐ Delete TITLE **CUMMINGS, JOSEPH M** NAME NAME 16400 CASTILLE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH FL 32413 CITY-ST-ZIP Change ☐ Addition DST ☐ Delete TITLE TITLE BRADLEY, JACK L NAME NAME 4266 W HWY 30-A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANTA ROSA BEACH FL 32459 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITI F SPAULDING, BEVERLY J NAME NAME 4266 W HWY 30-A STREET ADDRESS STREET ADDRESS SANTA ROSA BEACH FL 32459 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE . Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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, with all other like empowered.

FILED