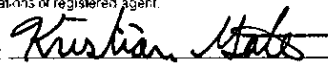
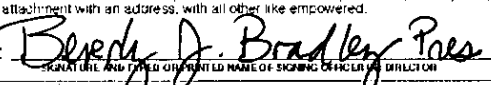


Ammended UBR

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 24 PM 12:38

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N96000001771			
1. Entity Name FACE TO FACE MINISTRIES, INC.			
Principal Place of Business 4266 W HWY 30-A SANTA ROSA BEACH, FL 32459		Mailing Address 4266 W HWY 30-A SANTA ROSA BEACH, FL 32459	
2. Principal Place of Business 57 Hallelujah Ave Suite, Apt. #, etc. Santa Rosa Beach City & State FL Zip 32459		3. Mailing Address 57 Hallelujah Ave Suite, Apt. #, etc. Santa Rosa Beach City & State FL Zip 32459	
4. FEI Number 59-3423722		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent SPAULDING, BEVERLY 4266 W HWY 30-A SANTA ROSA BEACH, FL 32459	
7. Name and Address of New Registered Agent Name Kristian Gates Street Address (P.O. Box Number is Not Acceptable) 57 Hallelujah Ave City Santa Rosa Beach FL Zip Code 32459		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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Kristian Gates 9/22/03		DATE	
FILE NOW - FEE IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP DV CUMMINGS, JOSEPH M 16400 CASTILLE AVE PANAMA CITY BEACH, FL 32413 ☒ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP DV Kristian Gates 57 Hallelujah Ave Santa Rosa Beach, FL 32459 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP DST BRADLEY, JACK L 4266 W HWY 30-A SANTA ROSA BEACH, FL 32459 ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP DP SPAULDING, BEVERLY J 4266 W HWY 30-A SANTA ROSA BEACH, FL 32459 ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP ☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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.			
SIGNATURE:  Beverly J. Bradley Pres. 9/22/03		330.564.2049 9/25	