

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005738

1. Entity Name

A TOUCH OF GOD MINISTRIES, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90084 010 ****61.25

Principal Place of Business	Mailing Address
C/O HARRY G. LYUM 5834 5TH AVENUE SOUTH ST PETERSBURG FL 33707	C/O HARRY G. LYUM 5834 5TH AVENUE SOUTH ST PETERSBURG FL 33707-1723

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3432714	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LYUM, HARRY G 5834 5TH AVENUE SOUTH ST PETERSBURG FL 33707	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

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	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW: FEE IS \$61.25		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DP <input type="checkbox"/> Delete	TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYUM, HARRY G	NAME	LINDSEY, MARIA PAOLO
STREET ADDRESS	5834 5TH AVE S	STREET ADDRESS	6291 BAHIA DEL MAR CIRCLE
CITY-ST-ZIP	ST PETERSBURG FL 33707	CITY-ST-ZIP	ST. PETERSBURG, FL. 33712
TITLE	DV <input type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSICK, NORMAN	NAME	JOHNSON, MARIE BEAUCHAMP
STREET ADDRESS	8401 9TH STREET N., STE. B-120	STREET ADDRESS	1204 E HENRY AVENUE
CITY-ST-ZIP	ST PETERSBURG FL 33707	CITY-ST-ZIP	TAMPA, FL. 33604
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESSER, WESLEY	NAME	
STREET ADDRESS	944 ALCAZAR WAY S.	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL 33707	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINDSEY, PAOLO MARIA	NAME	
STREET ADDRESS	6291 BAHIA DEL MAR CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	ISLA DEL SOL FL 33712	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: <i>[Signature]</i>	SIGNATURE REQUIRED	JANUARY 23, 2000 (727) 347-2798
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #

CR2E037 (9/99)