

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90423 006 ****70.00

DOCUMENT # **N97000000258**

1. Entity Name

To day's Ministry, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4714 Almark Dr

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 555947

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, Florida

City & State

Orlando, Florida

4. FEI Number

59-3430787

Applied For

Not Applicable

Zip

32839

Country

USA

Zip

32855

Country

USA

5. Certificate of Status Desired

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**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Pastor Henry Hall

Street Address (P.O. Box Number is Not Acceptable)

4714 Almark Drive

City

Orlando

FL

32839

**DO NOT WRITE
IN THIS SPACE**

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

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	Pastor Henry Hall	4714 Almark Dr	Orlando, FL 32839
	Denise Hall	4714 Almark Dr	Orlando, FL 32839
	Rev. Kathryn Richardson	918 Gobleway Ave	Orlando, FL 32805

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Denise M. Hall Denise M Hall

5/3/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)