2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 23, 2001 08:00 AM N97000002806 DOCUMENT# 1. Entity Name **Secretary of State** "HOME ON THE RANGE" MINISTRIES INTERNATIONAL, INC. Principal Place of Business Mailing Address 6870 HAMMOCK LN 6870 HAMMOCK LN WEST PALM BEACH FL WEST PALM BEACH FL 33411 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0760556 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUTLER TERESA BUTLER TERESA Street Address (P.O. Box Number is Not Acceptable) 6870 HAMMOCK LN 6870 HAMMOCK LN WEST PALM BEACH FL33411 City Zip Code WEST PALM BEACH 33411 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. 04/23/2001 TERESA E. BUTLER Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE VTR Delete TITLE VTR Change ☐ Addition NAME HALE MERLE NAME HALE MERLE VTR STREET ADDRESS STREET ADDRESS 5181 CEDAR LAKE RD #1-111 235 SAGINAW PKWY # 75 CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH CAMBRIDGE, ONTARIO, 33437 CA NIT IX4 TITLE ☐ Delete TITLE X Change ☐ Addition NAME FERRIS SHARON NAME FERRIS SHARON STREET ADDRESS 4703 LUCERNE LAKES BLVD #203 STREET ADDRESS 4703 LUCERNE LAKES BLVD #203 CITY-ST-ZIP LAKE WORTH FL. 33467 CITY-ST-ZIP LAKE WORTH FL. 33467 TITLE Delete TITLE TR X Change ☐ Addition NAME BECOTTE GUISELLA NAME BECOTTE GUISELLA STREET ADDRESS STREET ADDRESS 3409 ABORETUM VIEW 9429 AUTUMN APPLAUSE CITY-ST-ZIP CHARLOTTE CITY-ST-ZIP CHARLOTTE NC 28226 NC 28277 TITLE Delete TITLE TR X Change Addition NAME REV. THOMAS WTR BECOTTE REV. THOMAS W NAME BECOTTE STREET ADDRESS 3409 ARBORETUM VIEW STREET ADDRESS 9429 AUTUMN APPLAUSE CITY-ST-ZIP CHARLOTTE NC 28226 CITY-ST-ZIP CHARLOTTE NC 28277 TITLE TTR Delete TITLE TTR X Change ☐ Addition NAME BUTLER BRANT NAME BUTLER BRANT ATTR STREET ADDRESS 6870 HAMMOCK LN STREET ADDRESS $6870~{\rm HAMMOCK\,LN}$ CITY-ST-ZIP WEST PALM BEACH \mathbf{FL} 33411 CITY-ST-ZIP WEST PALM BEACH FL, 33411 TITLE □ Delete TITLE PTR X Change Addition

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

NAME

 \mathbf{FL}

33411

SIGNATURE: _

BUTLER

6870 HAMMOCK LN

WEST PALM BEACH

NAME

STREET ADDRESS

CITY-ST-ZIP

Teresa E. Butler

TERESA

PTR

6870 HAMMOCK LN

WEST PALM BEACH

BUTLER

04/23/2001

EPTR

TERESA

CR2E037 (11/00)