

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002806

1. Entity Name

"HOME ON THE RANGE" MINISTRIES INTERNATIONAL, IN C.

Principal Place of Business

6870 HAMMOCK LN  
WEST PALM BEACH FL 33411

Mailing Address

6870 HAMMOCK LN  
WEST PALM BEACH FL 33411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0760556

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUTLER, TERESA E PTR  
6870 HAMMOCK LN  
WEST PALM BEACH FL 33411

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. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PTT	<input type="checkbox"/> Delete
NAME	BUTLER, TERESA E PTR	
STREET ADDRESS	6870 HAMMOCK LN	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	TTR	<input type="checkbox"/> Delete
NAME	BUTLER, BRANT A TTR	
STREET ADDRESS	6870 HAMMOCK LN	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	TR	<input type="checkbox"/> Delete
NAME	BECOTTE, REV. THOMAS W TR	
STREET ADDRESS	9429 AUTUMN APPLAUSE	
CITY-ST-ZIP	CHARLOTTE NC 28277	
TITLE	TR	<input type="checkbox"/> Delete
NAME	BECOTTE, GUISELLA TR	
STREET ADDRESS	9429 AUTUMN APPLAUSE	
CITY-ST-ZIP	CHARLOTTE NC 28277	
TITLE	S	<input type="checkbox"/> Delete
NAME	FERRIS, SHARON S	
STREET ADDRESS	4703 LUCERNE LAKES BLVD #203	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VTR	<input type="checkbox"/> Delete
NAME	HALE, MERLE VTR	
STREET ADDRESS	235 SAGINAW PKWY # 75	
CITY-ST-ZIP	CAMBRIDGE, ONTARIO, CA N1T 1X4	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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.

SIGNATURE:

*Teresa E Butler* 4-4-02 561-686-6600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone Number

FILED  
Apr 11, 2002 8:00 am  
Secretary of State

04-11-2002 90701 007 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)