

FILED
Feb 07, 2003 8:00 am
Secretary of State

DOCUMENT # N97000003278

SOMEONE CARES MINISTRIES, INC.



Mailing Address

6143 MOUNTAIN LAKE DR.
LAKELAND FL 33813

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Country

4. FEI Number **59-3452492**

Applied For	
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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

BAGWELL, GERALD E
6143 MOUNTAIN LAKE DR.
LAKELAND FL 33813

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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TITLE	DP	<input type="checkbox"/> Delete
NAME	BAGWELL, GERALD E	
STREET ADDRESS	6143 MOUNTAIN LAKE DR.	
CITY - ST - ZIP	LAKELAND FL 33813	

TITLE	D	 Delete
NAME	HODGE, SAM	
STREET ADDRESS	5632 SCOTT LAKE RD.	
CITY - ST - ZIP	LAKELAND FL 33813	

TITLE	D	<input type="checkbox"/> Delete
NAME	FLEMING, LANDIS	
STREET ADDRESS	960 LAKE COVE TRAIL	
CITY - ST - ZIP	LAKELAND FL 33813	

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

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

TITLE		<input type="checkbox"/> Delete
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	Virginia Chauncey 77 Lake Point Road Mulberry FL 33966	<input type="checkbox"/> Change	<input checked="" 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: Gerald E. Baughn 1-28-03 (863) 648-2298