2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 21, 2002 8:00 am 3 Secretary of State DOCUMENT # **N97000004691** 1. Entity Name SENIOR MINISTRY SERVICES, INC. 02-21-2002 90029 007 ****61.25 Principal Place of Business Mailing Address 4712 PEPPER BUSH LANE 4712 PEPPER BUSH LANE CINTON BEACH FL 33436 BOYNTON BEACH FL 33436 2. Principal Place of Business 3. Mailing Address 950 Landover Crsq P.O. Box 2186 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Su ぬるれきを City & State 4. FEI Number Applied For Suwa ne 6 65-0782261 beorg , q Not Applicable \$8.75 Additional 5. Certificate of Status Desired 30024 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name_ Street Address (P.O. Box Number is Not Acceptable) CORPORATION COMPANY OF MIAMI 201 S BISCAYNE BLVD 1600 MIAMI CENTER Zip Code **MIAMI FL 33131** FL 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 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Change PCD TITLE TITLE ☐ Addition Delete Sickert, Jayme Rev. 750 Landover CRSG., N.W. EBERST, ROBERT C NAME NAME STREET ADDRESS STREET ADDRESS **4712 PEPPER BUSH LANE** CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33436** Suwance Georgia 30024 TITLE SD ☐ Delete TITLE Addition NAME ADAIR, JOE B NAME STREET ADDRESS STREET ADORESS 201 WISELY WAY CITY-ST-ZIP CITY-ST-ZIP <u>RINGGOLD GA 30736</u> TITLE TITLE Delete ☐ Change ☐ Addition NAME SICKERT, JAMYE REV NAME STREET ADDRESS 2891 INERLOCK CIR STREET ADDRESS CITY-ST-ZIP **DULUTH GA** CITY-ST-ZIP TITLE ☐ Delete TITLE ΤŊ Change Change ☐ Addition NAME MOORE, EDWARD NAME STREET ADDRESS 2802 ENCHANTED CIR STREET ADDRESS CITY-ST-7/P **GARLAND TX** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME adair, melanie n NAME STREET ADDRESS 201 WISELY WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RINGGOLD GA 30736 TITLE ☐ Delete TITLE ☐ Change ☐ 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:

1/29/2002 561.737.7153