FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 24, 2002 8:00 am DOCUMENT # **N97000005060 Secretary of State** 1. Entity Name 02-24-2002 90061 036 ****70 00 SPIRITSONG MINISTRIES, INC. Principal Place of Business Mailing Address 1236 SW 48TH TERRACE POST OFFICE BOX 5204 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 80030664 2. Principal Place of Business 3. Mailing Address 1514 SE 7Th ST Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Decrticis 65-0781983 Not Applicable 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 Street Address (P.O. Box Number is Not Acceptable) ANDREWS, JILL L 1236 SW 48TH TERRACE DEERFIELD BEACH FL 33442 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. 1-21-02 (NOTE: Registered Agent signature required when reinstating) 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** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (9/01)Change TITLE PD TITLE ☐ Addition ☐ Delete NAME NAME JAWORSKI, DEANNA 1514 SE 7Th ST STREET ADDRESS STREET ADDRESS 1236 SW 48TH TERRACE Decrfield Beach. Fr 33441 CITY-ST-ZIP CITY-ST-7IP DEERFIELD BEACH FL 33442 TITLE TITLE ☐ Delete NAME NAME andrews, Jill 1514-SE 77351 STREET ADDRESS STREET ADDRESS 1236 SW 48TH TERRACE Occifical Bouch Fr 33441 CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 TITLE TITLE Addition ☐ Delete NAME NAME LIPUMA, DONNA STREET ADDRESS STREET ADDRESS 5930 N LAKE PARK CIRCLE CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33328 ☐ Addition ☐ Delete TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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:

1-21-02 954-418-8372