

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91716 047 \*\*\*\*61.25

**DOCUMENT # N97000006715**

1. Entity Name

**OUR LOVE MINISTRIES, INC.**

Principal Place of Business

**11390 PALM BCH BLVD  
 FORT MYERS FL 33905**

Mailing Address

**11390 PALM BCH BLVD  
 FORT MYERS FL 33905**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0805411**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**KONCAR, BETH  
 8200 PENZANCE BLVD.  
 FT. MYERS FL 33912**

7. Name and Address of New Registered Agent

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

*Carie Beth Koncar - President/Director*

**4-10-02**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KONCAR, BETH</b>	
STREET ADDRESS	<b>11390 PALM BCH BLVD</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33905</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SHRIDER, SHARRENE</b>	
STREET ADDRESS	<b>6889 MYERICE GORDON AVE.</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33912</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HARTMAN, GAY</b>	
STREET ADDRESS	<b>12938 MEADOWOOD CT.</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33919</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PETRI, DOUGLAS</b>	
STREET ADDRESS	<b>11390 PALM BCH BLVD</b>	
CITY-ST-ZIP	<b>FORT MYERS FL 33-9058</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Patti James</b>	
STREET ADDRESS	<b>2743 Colonial ave #106</b>	
CITY-ST-ZIP	<b>Fort myers Fla 33907</b>	
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:

*Carie Beth Koncar*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-10-02 941768-5492**

Date

Daytime Phone #

CR2E037 (9/01)