

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # N98000001590****1. Entity Name**
JOHN T. RANGE MINISTRIES INTERNATIONAL, INC.

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|---|---|
| Principal Place of Business P.O. BOX 6042 DAYTONA BEACH FL 32122 | Mailing Address P.O. BOX 6042 DAYTONA BEACH FL 32122 |
|---|---|

2. Principal Place of Business
Suite, Apt. #, etc.

City & State**3. Mailing Address**
Suite, Apt. #, etc.

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3559492**Applied For**
Not Applicable**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**RANGE JOHN TSR
1014 ESSEX ROAD

DAYTONA BEACH FL 32117 US**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** **04/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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**

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|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD STEPHENS LATRELLE 1014 ESSEX ROAD DAYTONA BEACH FL 32117 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD RANGE PRISCILLA 1014 ESSEX ROAD DAYTONA BEACH FL 32117 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD RANGE JOHN JR. 1014 ESSEX ROAD DAYTONA BEACH FL 32117 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPC RANGE JOHN SR 1014 ESSEX ROAD DAYTONA BEACH FL 32117 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** John Range Sr. **DPC** **04/27/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)