

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90341 050 \*\*\*\*61.25

**DOCUMENT # N98000002314**

1. Entity Name  
**TIME & SEASON MINISTRIES, INC.**

Principal Place of Business      Mailing Address  
**6511 PINE TREE AVE.**      **6511 PINE TREE AVE.**  
**PANAMA CITY FL 32408**      **PANAMA CITY FL 32408**



DO NOT WRITE IN THIS SPACE

|                                |         |  |                       |   |                |
|--------------------------------|---------|--|-----------------------|---|----------------|
| 2. Principal Place of Business |         | 3. Mailing Address<br><b>2419 W Orlando Road</b> |                       | 4. FEI Number<br><b>59-3529739</b>  | Applied For    |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc.                              |                       |   | Not Applicable |
| City & State                   |         | City & State<br><b>Panama City FL</b>            |                       | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |                |
| Zip                            | Country | Zip<br><b>32405</b>                              | Country<br><b>Bay</b> |   |                |

|   |  |  |  |    |                          |
|---|--|--|--|----|--------------------------|
| 6. Name and Address of Current Registered Agent                                 |  |  | 7. Name and Address of New Registered Agent                                      |    |                          |
| <b>HALL, HELEN</b><br><b>6511 PINE TREE AVE.</b><br><b>PANAMA CITY FL 32408</b> |  |  | Name   |    |                          |
|   |  |  | Street Address (P.O. Box Number is Not Acceptable)<br><b>2419 W Orlando Road</b> |    |                          |
|   |  |  | City<br><b>Panama City</b>   | FL | Zip Code<br><b>32405</b> |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

|                                 |   |  |
|---------------------------------|---|--|
| <b>FILE NOW: FEE IS \$61.25</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to Department of State</b> |
|---------------------------------|---|--|

| 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                 |                                   |
|----------------------------|--|--|---|---------------------------------|-----------------------------------|
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete   |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>WHITE, DAVID</b>                        |  | NAME  |                                 |                                   |
| STREET ADDRESS             | <b>9310 LEVERETT DRIVE</b>                 |  | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | <b>SEMMES AL 36571</b>                     |  | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete   |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>SWENSON, CAROL</b>                      |  | NAME  |                                 |                                   |
| STREET ADDRESS             | <b>308 WISCONSIN AVE.</b>                  |  | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | <b>LYNN HAVEN FL 32444</b>                 |  | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | <b>PSD</b> <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>HOELZER, LUCILLE</b>                    |  | NAME  |                                 |                                   |
| STREET ADDRESS             | <b>6511 PINE TREE AVE.</b>                 |  | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | <b>PANAMA CITY FL 32408</b>                |  | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | <b>VTD</b> <input type="checkbox"/> Delete |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>HALL, HELEN L</b>                       |  | NAME  |                                 |                                   |
| STREET ADDRESS             | <b>6511 PINE TREE AVE.</b>                 |  | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | <b>PANAMA CITY FL 32408</b>                |  | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | <b>D</b> <input type="checkbox"/> Delete   |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME                       | <b>POOLE, CHRIS</b>                        |  | NAME  |                                 |                                   |
| STREET ADDRESS             | <b>1565 BROCKTON LANE</b>                  |  | STREET ADDRESS  |                                 |                                   |
| CITY-ST-ZIP                | <b>MOBILE AL 36695</b>                     |  | CITY-ST-ZIP   |                                 |                                   |
| TITLE                      | <input type="checkbox"/> Delete            |  | TITLE   | <input type="checkbox"/> Change | <input type="checkbox"/> 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: **Helen L Hall**      **4-14-02**      **850 7694888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E037 (9/01)