2000 UNIFORM E DOCUMENT # N980 1. Entity Name KAY NEWSOM MINISTRIES/WO	FILED May 16, 2000 8:00 am Secretary of State 05-16-2000 90121 028 ****61.25					
Principal Place of Business 902 WYNGATE COURT SAFETY HARBOR FL 34695	Mailing Address 902 WYNGATE COURT SAFETY HARBOR FL 34693					
2. Principal Place of Business	3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State	City & State	City & State		65435	Applied For Not Applicable	
Zip Country	Zip	Country	5. Certificate of Status Desired Fee Required			
6. Name and Address of	Current Registered Agent		7. Name and Address	of New Registered Agent		
NEWSOM, KAY 902 WYNGATE COURT SAFETY HARBOR FL 34695		Name	Name			
		Street Address	Street Address (P.O. Box Number is Not Acceptable)			
		City	FL Zip Code			
SIGNATURE	tered agent and title if applicable (NOT 9. Election Campaign Trust Fund Contrib	· · · · · ·	red when reinstating) .00 May Be led to Fees	DATE Make Check Payable Department of Sta		
10. OFFICERS	AND DIRECTORS	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTOR	S IN 10	
TITLE PD NAME NEWSOM, SHARON K STREET ADDRESS 902 WYNGATE COURT CITY-ST-ZIP SAFETY HARBOR FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Char		
TITLE VTD NAME NEWSOM, MICHAEL L STREET ADDRESS 902 WYNGATE COURT CITY-ST-ZIP SAFETY HARBOR FL 346	Delete 95	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Chai	nge □ Addition 5	
NAME SABUG, GARY SALING NAM STREET ADDRESS 5301 W CYPRESS ST, STE. 307		TITLE NAME STREET ADDRESS CITY-ST-ZIP		Cha	nge 🗌 Addition	
TITLE D NAME ROLLOW, THOMAS A STREET ADDRESS CITY-ST-ZIP OLDSMAR FL 34677	☐ Delete VE	TITLE Da NAME Da STREET ADDRESS 27 CITY-ST-ZIP CITE	le Landon 163 Euterprise Carwater, FC	□ Char Road 528 + # 33759	nge K Addition 78	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	STREET ADDRESS 38	V. JOHN HUBBA HARBOR LAKE STY HARBOR, PL	CIRCUE	nge 🔀 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	STREET ADDRESS	AREN HENNER CHILL, WOODSTOCK	Char WEST CLANDON. U4703		
12. I hereby certify that the information supplindicated on this report or supplementation of the corporation or the receiver or trus changed, or on an attachment with an a	I report is true and accurate and that r tee empowered to execute this report	my signature shall have the as required by Chapter 6	e same legal effect as if mad 17, Florida Statutes; and that	le under oath; that I am an off	icer or director 0 or Block 11 if	
SIGNATURE AND T	YPED OR PRINTED NAME OF SIGNING OFFICER		Date	Daytime Phor		