

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000005300

FILED
Apr 21, 2002 8:00 AM
Secretary of State

Entity Name: FLORIDA/ALASKA EVANGELISTIC MINISTRIES, INC.

Current Principal Place of Business:

408 SOUTH OAKRIDGE AVENUE
GREEN COVE SPRINGS, FL 32043 US

New Principal Place of Business:

Current Mailing Address:

408 SOUTH OAKRIDGE AVENUE
GREEN COVE SPRINGS, FL 32043 US

New Mailing Address:

FEI Number: 59-3546998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLS, FERRELL B
408 SOUTH OAKRIDGE AVENUE
GREEN COVE SPRINGS, FL 32043

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MILLS, FERRELL B
Address: 408 SOUTH OAKRIDGE AVENUE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: STD () Delete
Name: MILLS, A. LEE
Address: 408 SOUTH OAKRIDGE AVENUE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D () Delete
Name: HUDSON, LINDA
Address: 217 FRANCIS STREET
City-St-Zip: SARALAND, AL 36571

Title: D () Delete
Name: KEATING, DEBRA
Address: 17816 WEST COUNTRY CLUB DRIVE
City-St-Zip: ARLINGTON, WA 98223

Title: D () Delete
Name: GILLIAM, JULIAN
Address: 167 ALDERSGATE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: D () Delete
Name: WILLIAMS, CYNTHIA
Address: POST OFFICE BOX 368 N/A
City-St-Zip: CHATON, AL 36518

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RHYNE, MICHELLE
Address: 6284 PAYNE RD.
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FERRELL B. MILLS

PD

04/21/2002

Electronic Signature of Signing Officer or Director

Date