NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006524

1. Entity Name

CHANGED BY CHOICE MINISTRIES, INC

FILED

03 JUN 26 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2040 AMBERJACK DR	2040 AMBERJACK DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
DO NOT WRITE IN THIS SPACE	
City & State: ORL FLORIDA	City & State: ORL FLORIDA
Zip: 32822 Country: US	Zip: 32822 Country: US

4. FEI Number 59-3543533 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: TRE HEGENT

Street Address (P.O. Box Number is Not Acceptable): 3908 CURRY FORD RD

City: ORL **FL** Zip Code: 32806

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	CRUZ RUBEN
STREET ADDRESS	2301 DOUGLAS THOMAS CT
CITY-ST-ZIP	ORL FL 32807
TITLE	D
NAME	Bush DAVID
STREET ADDRESS	3424 CIMARRON DR
CITY-ST-ZIP	ORL FL 32829
TITLE	P/D
NAME	REYNOSO, Frank
STREET ADDRESS	2040 AMBERJACK DR
CITY-ST-ZIP	ORL FL 32822
TITLE	D
NAME	SPENCER JEFF
STREET ADDRESS	4627 SADDLE CREEK PL
CITY-ST-ZIP	ORL FL 32829
TITLE	SD
NAME	REYNOSO AGNES
STREET ADDRESS	2040 AMBERJACK DR
CITY-ST-ZIP	ORL FL 32822
TITLE	T
NAME	MARSHALL HELEN
STREET ADDRESS	660 BROOKSIDE RD
CITY-ST-ZIP	MAITLAND FL 32751

TITLE	
NAME	
STREET ADDRESS	800021173908
CITY-ST-ZIP	06/27/03--01035--008 **237.50
TITLE	
NAME	
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STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	**IN THIS SPACE**
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NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	REINSTATEMENT 02-05

CR2E057 (1/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____

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