## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# N98000006526

City-St-Zip:

**Entity Name:** HOLLINGSWORTH MINISTRIES, INC.

Apr 15, 2003 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2155 PINE WOODS CIR. 621 RIDGE DRIVE NAPLES, FL 34105 NAPLES, FL 34108 **Current Mailing Address: New Mailing Address:** 2155 PINEWOODS CIR. 2155 PINE WOODS CIR. NAPLES, FL 34105 NAPLES, FL 34105 FEI Number: 59-3555825 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HOLLINGWORTH, RICK 2155 PINEWOOD CIRCLE NAPLES, FL 34105 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition HOLLINGSWORTH, RICK Name: Name: Address: 2155 PINEWOODS CIRCLE Address: City-St-Zip: NAPLES, FL 34105 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition Name: HOLLINGSWORTH, CYNTHIA Name: HOLLINGSWORTH, CYNTHIA Address: 2155 PINEWOODS CIRCLE Address: 2155 PINEWOODS CIRCLE City-St-Zip: NAPLES, FL 34105 City-St-Zip: NAPLES, FL 34105 Title: () Delete Title: DO (X) Change ( ) Addition CARKHUST, WALDO HARTMAN, RICK Name: Name: 108 HISPANIOLA LANE 744 BELVILLE BLVD. Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 City-St-Zip: NAPLES, FL 34104 ( ) Change (X) Addition Title: () Delete Title: Name: Name: ROMAN, RAUL 3240 RUBY RED DRIVE Address: Address: NAPLES, FL 34120

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.

City-St-Zip:

SIGNATURE: RICK D. HOLLINGSWORTH PD 04/15/2003