2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N98000007240 May 15, 2000 8:00 am 1. Entity Name Secretary of State SPIRITUAL MEAT MINISTRIES, INC. 03-22-2000 90201 050 ****61.25 Principal Place of Business Mailing Address 5139 WOOD STREET 5139 WOOD STREET ZEPHYRHILLS FL 33541-5470 ZEPHYRHILLS FL 33541 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3085768 Not Applicable Zip Country \$8.75 Additional Zip Country П 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PERKINS LINDSAY, SANDRA LEE 5139 WOOD STREET ZEPHYRHILLS FL 33541 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 Signature, typed or printed name of registered agent and title if applicable Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. MILE pofRES/dent TITLE ☐ Change Delete NAME NAME CDI LINDSAY, SANDRA L STREET ADDRESS STREET ADDRESS 5139 WOOD ST. CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL 33541 TITLE ☐ Change Defete TITLE GD DIRECTOR (O)-NAMÉ NAME STIENKE, COLEEN STREET ADDRESS STREET ADDRESS **409 LANGHOLM** CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 AD VICE President Change Defete TITLE TITLE NAME NAME LINDSAY, MICHAEL E (D) STREET AGGRESS STREET ADDRESS 5139 WOOD ST. CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS FL 33541 SECRETARY GLENCIA A. PERKINS 11020 Bristol Bay DR #518 ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Bradenton, FL 34209 CITY-ST-ZIP CITY-ST-ZIP THE ☐ Change Delete TITLE

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.

TITLE

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

1020 BrisTOL BAYDR #518

radentan, FL 34209

SIGNATURE: 2

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

HING OFFICER OR DIRECTOR

Delete

Davtime Phone #

☐ Change

■ Addition

Addition

☐ Addition

Addition

■ Addition

☐ Addition