## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 22, 2001 8:00 am Secretary of State

**DOCUMENT #** N98000007240 05-22-2001 90636 014 \*\*\*150.00 1. Entity Name SPIRITUAL MEAT MINISTRIES, INC. Principal Place of Business Mailing Address 5139 WOOD STREET 5139 WOOD STREET ZEPHYRHILLS, FL ZEPHYRHILLS, FL 33541 поо56787 33541 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3085768 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Glenda A. Perkins Street Address (P.O. Box Number is Not Acceptable)
11020 Bristol Bay Dr. MIKE PERKINS #518 11020 BRISTOL BAY DRIVE, # 518 BRADENTON, FL 34209 City Bradenton 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. enda A. Perkins (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: Make Check Pavable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PRESIDENT / DIRECTOR SANDRA L LINDSAY TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS 5139 WOOD STREET CITY - ST - ZIP CITY - ST - ZIP ZEPHYRHILLS, FL 33541 DIRECTOR Change Addition TITLE TITLE REVEREND COLEEN STIENKE, DR NAME NAME STREET ADDRESS 409 LANGHOLM STREET ADDRESS WINTER PARK, CITY - ST - ZIP CITY - ST - ZIP VICE PRESIDENT / DIR Delete TITLE Change Addition TITLE MICHAEL LINDSAY NAME STREET ADDRESS 5139 WOOD STREET STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP ZEPHYRHILLS, SECRETARY / DIRECTOR TITLE TITLE Addition GLENDA PERKINS NAME NAME STREET ADDRESS STREET ADDRESS 11020 BRISTOL BAY DR, #518 CITY - ST - ZIP CITY - ST - ZIP BRADENTON, FL 34209 X Delete TITLE Addition DIRECTOR TITLE Change NAME MIKE PERKINS NAME STREET ADDRESS STREET ADDRESS 11020 BRISTOL BAY DR #518 CITY - ST - ZIP CITY - ST - ZIP BRADENTON, FL 34209 DIRECTOR Change X Addition TITLE Delete TITLE BOBBIE JUNE CROSBY NAME NAME 7359 JASON DR STREET ADDRESS STREET ADDRESS CITY - ST - ZIP ZEPHYRHILLS, FL 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

る. Sandra SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/29/01 Daytime Phone #

STF FL32380F.1