2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000007240

Entity Name: SPIRITUAL MEAT MINISTRIES, INC.

Apr 26, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5139 WOOD STREET 25146 CRANES ROOST CIRCLE ZEPHYRHILLS, FL 33541 LEESBURG, FL 34748 **Current Mailing Address: New Mailing Address:** 5139 WOOD STREET 240 E. 39TH ST. ZEPHYRHILLS, FL 33541 31 B NEW YORK, NY 10016 FEI Number: 59-3085768 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: PERKINS, GLENDA A LINDSAY, TROY L 11020 BRISTOL BAY DR #518 1339 W. WATERVIEW BLVD. BRADENTON, FL 34209 LAKELAND, FL 33801 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: TROY L. LINDSAY 04/26/2002 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LINDSAY, SANDRA L Name: Name: 5139 WOOD ST. Address: Address: City-St-Zip: ZEPHYRHILLS, FL 33541 City-St-Zip: Title: Title: () Delete () Change () Addition STIENKE, COLEEN Name: Name: Address: 409 LANGHOLM Address: City-St-Zip: WINTER PARK, FL 32789 City-St-Zip: Title: VPD () Delete Title: () Change () Addition LINDSAY, MICHAEL E Name: Name: Address: 5139 WOOD ST. Address: City-St-Zip: ZEPHYRHILLS, FL 33541 City-St-Zip: (X) Change () Addition Title: SD () Delete Title: STD Name: PERKINS, GLENRTA A Name: LINDSAY, TROY L 11020 BRISTOL BAY DR #518 1339 W. WATERVIEW BLVD. Address: Address: BRADENTON, FL 34209 City-St-Zip: City-St-Zip: LAKELAND, FL 33801 Title: () Delete Title: (X) Change () Addition CROSBY, BOBBIE J BROCK, TIM & MELODY Name: Name: 7359 JASON DR 6443 PINE ST. Address: Address: City-St-Zip: ZEPHYRHILLS, FL 33541 City-St-Zip: ST. PETERSBURG, FL 33702 Title: () Delete Title: () Change (X) Addition MOORE IRENE Name: Name: Address: Address: P.O. BOX 2793 CLEWISTON, FL 33440 City-St-Zip: 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: SANDRA L. LINDSAY PD 04/26/2002