

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90401 025 \*\*\*\*61.25

**DOCUMENT # N99000000662**

**1. Entity Name**  
**HOUSE OF FAITH MINISTRIES INTERNATIONAL, INC.**



**Principal Place of Business**  
**5727 YUCATAN DR.**  
**ORLANDO FL 32807**

**Mailing Address**  
**5727 YUCATAN DR.**  
**ORLANDO FL 32807**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 59-3732239**

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**BUSH, SALLY JO**  
**5727 YUCATAN DR.**  
**ORLANDO FL 32807**

Name **Bush, Sally Jo**  
Street Address (P.O. Box Number is Not Acceptable)

**21001 Reindeer Rd**  
City **Christmas** **FL** Zip Code **32709**

**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**

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**FILE NOW: FEE IS \$61.25**

**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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** **PD** ☐ Delete  
**NAME** **BUSH, SCOTT D**  
**STREET ADDRESS** **5727 YUCATAN DRIVE**  
**CITY-ST-ZIP** **ORLANDO FL 32807**

**TITLE** **PD** ☒ Change ☐ Addition  
**NAME** **Bush, Scott D**  
**STREET ADDRESS** **21001 Reindeer Rd**  
**CITY-ST-ZIP** **Christmas FL 32709**

**TITLE** **VPD** ☐ Delete  
**NAME** **MCKIM, GREGORY G**  
**STREET ADDRESS** **4134 ARSENAL STREET**  
**CITY-ST-ZIP** **SAINT LOUIS MO 63116**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** **STD** ☐ Delete  
**NAME** **BUSH, SALLY JO**  
**STREET ADDRESS** **5757 YUCATAN DRIVE**  
**CITY-ST-ZIP** **ORLANDO FL 32807**

**TITLE** **STD** ☒ Change ☐ Addition  
**NAME** **Bush, Sally Jo**  
**STREET ADDRESS** **21001 Reindeer Rd**  
**CITY-ST-ZIP** **Christmas FL 32709**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**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.**

**SIGNATURE:** **SIGNATURE OF REGISTERED AGENT** **4/25/03** **401-568-7712**

CR2E037 (10/02)