

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000002603

FILED  
May 29, 2003  
Secretary of State

Entity Name: TRANSPARENT MINISTRIES, INC.

**Current Principal Place of Business:**

1609 S.W. BURLINGTON ST.  
PORT SAINT LUCIE, FL 34984

**New Principal Place of Business:**

**Current Mailing Address:**

1609 S.W. BURLINGTON ST.  
PORT SAINT LUCIE, FL 34984

**New Mailing Address:**

FEI Number: 58-2100036

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DAVIS, AUDREY S.T. REV.  
1609 S.W. BURLINGTON ST.  
PORT SAINT LUCIE, FL 34984

**Name and Address of New Registered Agent:**

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:**

Title: PT ( ) Delete  
Name: DAVIS, REV. AUDREY S. T.  
Address: 1609 SW BURLINGTON ST  
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: T ( ) Delete  
Name: DAVIS, OTIS V JR  
Address: 1609 SW BURLINGTON ST  
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: T ( ) Delete  
Name: GREEN, EARLENE M  
Address: 2510 SE ANCHORAGE COVE # 106- B3  
City-St-Zip: PORT SAINT LUCIE, FL 34952

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: MILLER, JAMES L  
Address: 4195 ARBOR COURT  
City-St-Zip: INDEPENDENCE, KY 41051 US

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: REV. AUDREY S. T. DAVIS

PT

05/29/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date