

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

0063593

DOCUMENT # N99000004371

02-07-2002 90061 024 \*\*\*\*61.25

1. Entity Name

APPLE OF HIS EYE MINISTRIES, INC.

Principal Place of Business

Mailing Address

2885 ANGUS CIRCLE  
 MOLINO FL 32577

P.O. BOX 22  
 CANTONMENT FL 32533  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2885 Angus Circle  
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 22  
 Suite, Apt. #, etc.

City & State

MOLINO, FL

City & State

CANTONMENT, FL

4. FEI Number

59-3589957

Applied For

Not Applicable

Zip

32577

Country

ESC

Zip

32533

Country

ESC

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOODMAN, KAREN  
 2885 ANGUS CIRCLE  
 MOLINO FL 32577

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*Karen Goodman*

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

(NOTE: Registered Agent signature required when reinstating)

1/22/02

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 Department of State

10. OFFICERS AND DIRECTORS

TITLE	AD	<input type="checkbox"/> Delete
NAME	TERHUNE, LILA	
STREET ADDRESS	P.O. BOX 310	
CITY-ST-ZIP	MOLINO FL 32577	
TITLE	AD	<input type="checkbox"/> Delete
NAME	TERHUNE, BOB	
STREET ADDRESS	P.O. BOX 310	
CITY-ST-ZIP	MOLINO FL-32577	
TITLE	AD	<input type="checkbox"/> Delete
NAME	DUGAS, MAURICE	
STREET ADDRESS	501 ATEES ROAD	
CITY-ST-ZIP	PINEVILLE LA 71380	
TITLE	AD	<input checked="" type="checkbox"/> Delete
NAME	LANCASTER, GREG	
STREET ADDRESS	2245 CRICKET RIDGE DR	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	AD	<input type="checkbox"/> Delete
NAME	KILPATRICK, BRENDA	
STREET ADDRESS	P.O. BOX 63115	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALISON DUGAS	
STREET ADDRESS	501 ATEES ROAD	
CITY-ST-ZIP	PINEVILLE, LA 71380	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Karen Goodman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02

Date

968-9670

Daytime Phone #

CR2E037 (9/01)