

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90247 013 \*\*\*\*70.00

**DOCUMENT # N99000004461**

1. Entity Name

**SWEET WATER MINISTRY, INC.**

Principal Place of Business

**11950 S.E. 67TH PLACE  
MORRISTON FL 32668**

Mailing Address

**11950 S.E. 67TH PLACE  
MORRISTON FL 32668**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**59-3433317**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**HULL, SHIRLEY ANN  
11950 S.E. 67TH PLACE  
MORRISTON FL 32668**

7. Name and Address of New Registered Agent

Name

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

Signature, typed or printed name of registered agent and title if 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  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
NAME **HULL, SHIRLEY ANN**  
STREET ADDRESS **11950 S.E. 67TH PLACE**  
CITY-ST-ZIP **MORRISTON FL 32668**TITLE **DT** ☐ Delete  
NAME **HULL, WILLIAM**  
STREET ADDRESS **11950 S.E. 67TH PLACE**  
CITY-ST-ZIP **MORRISTON FL 32668**TITLE **DVP** ☐ Delete  
NAME **SWILLEY, FLORA C**  
STREET ADDRESS **5150 SE 40TH TERRACE**  
CITY-ST-ZIP **GULF HAMMOCK FL 32639**TITLE **DG** ☒ Delete  
NAME **WILLCUTTS, KATHRYN**  
STREET ADDRESS **12790 NE 101 COURT 8**  
CITY-ST-ZIP **ARCHER FL 32618**TITLE **DS** ☐ Delete  
NAME **REICHLE, CRYSYNDA**  
STREET ADDRESS **PO BOX**  
CITY-ST-ZIP **INGLIS FL 34449**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)