

7.

FILED
Sep 14, 2000 8:00 am
Secretary of State

07-19-2000 90023 024 *****61.25

WILL DO MINISTRIES, INC.

Mailing Address

P.O. BOX 185
LITHIA FL 33860

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Zip

Country

4. FEI Number

59-3605103

Applied For	
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	Not Applicable
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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

COUCH, RACHEL
17820 BLEDSOE LP
LITHIA FL 33547

Name _____

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

17908 BLEDSOE, LP

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

After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAIRMAN MARC SALYER 1113 SHANNON AVE PLANT CITY FL 33566	<input type="checkbox"/> Change <input type="checkbox"/> Addition BUSINESS ADDRESS SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TREASURER RACHEL COUCH 17908 BLEDSOE LP LITHIA FL 33547	<input type="checkbox"/> Change <input type="checkbox"/> Addition BUSINESS ADDRESS SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SARGENT AT ARMS HOWARD GOERS 1001 SOUTH BLVD LAKELAN FL 33803	<input type="checkbox"/> Change <input type="checkbox"/> Addition BUSINESS ADDRESS SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-7-00

813-267-2000

Date _____

Daytime Phone #

Document
N99000005697

DOC #N99000005697

309806



a cottage ministry

September 11, 2000

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

ATTN; ANNUAL REPORTS SECTION Reference Number N99000005697

Enclosed please find our response to your letter dated 7/27/00. Please use the mailing address for correspondence, the physical address is not a reliable way to correspond and is why you have not received a response until now.

Sincerely,

A handwritten signature in black ink, appearing to read "Rachel A. Couch", is written over a large, stylized, handwritten letter "C" that spans across the signature line.

Rachel A. Couch

Tallahassee, FL 32314
PO Box 6327
Division of Corporations
Florida Department of State