## 2001 UNIFORM BUSINESS REPORT (UBR)

May 22, 2001 8:00 am Secretary of State DOCUMENT # N9900006516 03-15-2001 90224 012 \*\*\*\*61.25 BRIAN TILL MINISTRIES, INC. Principal Place of Business Mailing Address 145665 6076 - 27TH AVE.N. P O BOX 40761 ST PETERSBURG FL 33743 ST. PETERSBURG FL 33710 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3612874 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) PIPPEN, JOSEPH F JR. 10225 ULMERTON RD., #11 LARGO FL 33771 City 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 egent and title if applicable FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition TILL, BRIAN T NAME NAME STREET ACCRESS 6076 - 27TH AVE.N. STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL 33710 CITY-ST-ZIP Delete VICE PRESIDENT, DIRECTOR | Change TITLE STEVE BURBA 820 SYCAMORE LANE NAME TILL, DAN NAME STREET ADDRESS 613 GLOBAL CIRCLE STREET ADORESS CHESAPEAKE, VA 23 322 CITY ST ZIP CHESAPEAKE VA 23322 CITY-ST-ZIP TREASURER, DIRECTOR Change BANdillon SDTD Defete IIILE TITLE VIM WILEN NAME TILL: REBECCA NAME 160 WEBSTER STREET STREET ADDRESS 6076 - 27TH AVE.N. STREET ADDRESS HAVERHILL, MA 01830 CITY-ST-ZIF CITY-ST-ZIP ST. PETERSBURG FL 33710 SECRETARY , DIRECTOR TITLE ☐ Delete TITLE ☐ Change Addition REBECCA NAME NAME 6076 - 2745 AVE. N. STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ST. PETERSBURG FL 33710 Change ☐ Addition ☐ Delete TITLE MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Dalete TITLE [] Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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

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