2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 12, 2000 08:00 AM DOCUMENT # N9900006842 1. Entity Name **Secretary of State** JO ANNA WORTHINGTON MINISTRIES, INC. Principal Place of Business Mailing Address 577 COMPTON COURT P O BOX 246 DELAND FL DELAND FL 32724 32721 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 59-3610001 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired X Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WORTHINGTON 577 COMPTON COURT Street Address (P.O. Box Number is Not Acceptable) DELAND FL32724 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 JOANNA WORTHINGTON 04/12/2000 (NOTE Registered Agent signature required when reinstating) ญ็หญ่≥าเก็ ก็เรียกได้ FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delate TD TITLE ☐ Addition NAME BRIM JOHN NAME STREET ADDRESS STPEET ADDRESS 577 COMPTON COURT CITY-ST-ZIP CITY-ST-ZIP DELAND \mathbf{FL} 32724 TITLE ☐ Delete VSD ☐ Change ☐ Addition NAME BROWN H ROUND NAME STREET ADDRESS 577 COMPTON COURT STREET ADDRESS CITY-ST-ZIP DELAND 32724 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME WORTHINGTON JO ANNA STREET ADDRESS STREET ADDRESS 577 COMPTON COURT CITY-ST-ZIP CITY-ST-ZIP DELAND FL. 32724 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAR/F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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^{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 an address, with all other like empowered.