2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003
Secretary of State

DOCUMENT# P00000051285

Entity Name: HOLISTIC CARE MINISTRIES, INC.

Current Principal Place of Business:

25 NE 158TH STREET
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

25 NE 158TH STREET
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

FEI Number: 65-1010847 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAY, MICHAEL
25 NE 158TH STREET
NORTH MIAMI BEACH, FL 33162

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: DAY, MICHAEL A
Address: 25 NE 158 ST
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: ES ( ) Delete
Name: DAY, IRMA
Address: 2791 NW 211 ST
City-St-Zip: CAROL CITY, FL 33056

Title: T ( ) Delete
Name: HILL, ERNESTINE
Address: 245 NE 184 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: EA ( ) Delete
Name: PHILLIPS, ARVOLEAN
Address: 3061 N.W. 207TH TERR
City-St-Zip: CAROL CITY, FL 33056

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A. DAY P 04/11/2003

Electronic Signature of Signing Officer or Director — Date