

**DOCUMENT # P10458**

1. Entity Name  
**BURNHAM MINISTRIES INTERNATIONAL, INC.**

**FILED**  
**Jan 11, 2001 8:00 am**  
**Secretary of State**

01-11-2001 90022 031 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
2082 NW 19 WAY      2082 NW 19 WAY  
BOCA RATON FL 33431      BOCA RATON FL 33431

2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

4. FEI Number **34-6562555**      Applied For  
Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BURNHAM, DAVID L.**  
**2082 N.W. 19TH WAY**  
**BOCA RATON FL 33431**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	V <input type="checkbox"/> Delete
NAME	<b>BURNHAM, JONATHAN</b>
STREET ADDRESS	<b>3326 RANGE CT</b>
CITY-ST-ZIP	<b>MASON OH 45040</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>MORELOCK, JOHN</b>
STREET ADDRESS	<b>9550 PONDSIDE CT</b>
CITY-ST-ZIP	<b>CINCINNATI OH 45241</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>RYBKA, LAWRENCE</b>
STREET ADDRESS	<b>2296 GOLF BROOK DRIVE</b>
CITY-ST-ZIP	<b>WELLINGTON FL</b>
TITLE	D <input type="checkbox"/> Delete
NAME	<b>SIEGENTHALER, HAROLD</b>
STREET ADDRESS	<b>1214 OAK KNOLL DR</b>
CITY-ST-ZIP	<b>AKRON OH</b>
TITLE	P <input type="checkbox"/> Delete
NAME	<b>BURNHAM DAVID</b>
STREET ADDRESS	<b>2082 NW 19TH WAY</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	ST <input type="checkbox"/> Delete
NAME	<b>BURNHAM, SUE</b>
STREET ADDRESS	<b>2082 NW 19TH WAY</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SCHOENFELD, ROBERT</b>
STREET ADDRESS	<b>P.O. Box 97</b>
CITY-ST-ZIP	<b>MAINEVILLE, OH. 45039</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/4/01 561 997 9878**  
Date Daytime Phone #

CR2E037 (10/00)