

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 03, 2003 8:00 am  
Secretary of State

02-03-2003 90084 017 \*\*\*\*70.00

DOCUMENT # P10458



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

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

Mailing Address  
**2082 NW 19 WAY  
BOCA RATON FL 33431**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **34-6562555**

Applied For  
Not Applicable

Zip Country

Zip Country

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

**BURNHAM, DAVID L.  
2082 N.W. 19TH WAY  
BOCA RATON FL 33431**

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHOENFELD, ROBERT</b>	
STREET ADDRESS	<b>PO BOX 97</b>	
CITY-ST-ZIP	<b>MAINEVILLE OH 45039</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MORELOCK, JOHN</b>	
STREET ADDRESS	<b>9550 PONDSIDE CT</b>	
CITY-ST-ZIP	<b>CINCINNATI OH 45241</b>	
TITLE	<b>D</b>	<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	<b>D</b>	<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	<b>P</b>	<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	<b>ST</b>	<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>	

TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JONATHAN BURNHAM</b>	
STREET ADDRESS	<b>6406 CROWN ISLAND COVE</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33411</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**

**Jan. 30, 2003** 561 997 9878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)