

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000001257

FILED
Apr 29, 2002 8:00 AM
Secretary of State

Entity Name: I AM BORN AGIAN MINISTRIES, INC.

Current Principal Place of Business:

1116 NW 32ND AVE
GAINESVILLE, FL 32609

New Principal Place of Business:

Current Mailing Address:

1116 NW 32ND AVE
GAINESVILLE, FL 32609

New Mailing Address:

FEI Number: 60-0002763

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, JAMES
1116 NW 32ND AVE
GAINESVILLE, FL 32609

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HEMINGWAY, HARRELL M JR
Address: 10950 NE 96TH STREET
City-St-Zip: ARCHER, FL 32618

Title: DSTA () Delete
Name: ALLEN, JAMES
Address: 1116 NW 32ND AVE
City-St-Zip: GAINESVILLE, FL 32609

Title: D () Delete
Name: BLANTON, RONALD N
Address: PO BOX 1238
City-St-Zip: HIGH SPRINGS, FL 32655

Title: D () Delete
Name: VOYLES, JAMES
Address: 1704 NW 8TH AVE
City-St-Zip: GAINESVILLE, FL 32603

Title: D () Delete
Name: WILLIAMS, HAZEL
Address: PO BOX 562
City-St-Zip: GAINESVILLE, FL 32602

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: ALLEN, JAMES
Address: 1116 NW 32ND AVE
City-St-Zip: GAINESVILLE, FL 32609

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: STD () Change (X) Addition
Name: BACHE, EDITH
Address: 430 NW 10TH STREET
City-St-Zip: HIGH SPRINGS, FL 32643

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES ALLEN

VD

04/29/2002

Electronic Signature of Signing Officer or Director

Date