2002 UNIFORM BUSINESS REPORT (UBR) FILED Feb 19, 2002 8:00 am DOCUMENT # N0100004905 Secretary of State 1. Entity Name FAITHFUL & TRUE MINISTRIES, INC. 02-19-2002 90103 039 ****61.25 Mailing Address Principal Place of Business 1171 W MAGNOLIA AVE 1171 W MAGNOLIA AVE CLERMONT FL 34711 CLERMONT FL 34711 2. Principal Place of Business 3. Mailing Address P.O. BOX DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3 GROVELAND Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Jordan. Edward P II 13543 E HWY 50 **CLERMONT FL 34711** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition D ☐ Change TITLE Y ☐ Delete TITLE HOWELL, Ruthiu HALL, LINDA G NAME NAME 1021 Floring AUE 1171 W MAGNOLIA AVE STREET ADDRESS STREET ADDRESS GROVELAND FI 34736 CITY-ST-ZIP CLERMONT FL 34711 CITY-ST-ZIP TITLE 🗗 ☐ Change ■ Addition Delete TITLE HALLILINDA G SMILEY, PETRONA NAME 1171 w. magnolia st NAME STREET ADDRESS 1171 W MAGNOLIA AVE STREET ADDRESS Cleamont F1 84711 CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL 34711 SHOTTY HALL 1171 W. Magnolia st Change Addition TITLE 🐧 TITLE ☐ Delete CHRISTOPHER, JULIAS NAME NAME Cleamont F1 34711 STREET ADDRESS 1171 W MAGNOLIA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLERMONT FL 34711 Addition LARRY Thesier Change TITLE 🔨 ☐ Delete 6240 LAKE ERIE RD NAME NAME STREET ADDRESS STREET ADDRESS GADVCIAND FI 34736 CITY-ST-ZIP CITY-ST-ZIP Addition HALL , LINDA 6 TITLE T ☐ Change ☐ Delete TITLE 1171 wi magnolia st NAME NAME STREET ADDRESS STREET ADDRESS Cleamont BL 34711 CITY-ST-ZIP 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

TITLE 5

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Detete

HALL LINDA G

Lermont

1171 W. Magnolin st

Change

Addition 🔼