

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 22, 2001 8:00 am
Secretary of State

02-22-2001 90132 010 ****61.25

DOCUMENT # 758231

Entity Name

PRAYER CHAINERS MISSION OF GOD, INC.

Principal Place of Business

PRAYERS CHAINERS MISSION
P.O. BOX 623
BLOUNTSTOWN FL 32424
US

Mailing Address

P O BOX 623
P.O. BOX 623
BLOUNTSTOWN FL 32424
US

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

05-0079001

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SHEARD, GERALDINE B
19569 SHEARD'S RD
BLOUNTSTOWN FL 32424

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 *Geraldine B Sheard* *Geraldine B Sheard*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	SHEARD, GERALDINE B	
STREET ADDRESS	PO BOX 623 SHEARDS RD	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	PETERSON, DEBRA	
STREET ADDRESS	310 DAVIS CIRCLE	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DAVIS, RUBY	
STREET ADDRESS	RT 1 BOX 131	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARGILE, DEIDRA	
STREET ADDRESS	924 RIDGE AVE.	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PETERSON, JEREMIAH	
STREET ADDRESS	611 RIVER ST	
CITY-ST-ZIP	BLOUNTSTOWN FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERSON, MARJORIE	
STREET ADDRESS	611 RIVER ST	
CITY-ST-ZIP	BLOUNTSTOWN FL	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sheard, Geraldine B	
STREET ADDRESS	19569 SE 3 Sheard's Rd	
CITY-ST-ZIP	Blountstown, FL 32424	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peterson, Debra	
STREET ADDRESS	20806 Davis Circle	
CITY-ST-ZIP	Blountstown, FL 32424	
TITLE	ASD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis, Ruby T	
STREET ADDRESS	10877 SE Hwy 69 S	
CITY-ST-ZIP	Blountstown, FL 32424	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jones, Dennis	
STREET ADDRESS	19423 SE B Davis Lane	
CITY-ST-ZIP	Blountstown, FL 32424	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peterson, Jeremiah	
STREET ADDRESS	19503 SE S Sheard's Rd	
CITY-ST-ZIP	Blountstown, FL 32424	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peterson, Marjorie	
STREET ADDRESS	19503 SE S Sheard's Rd	
CITY-ST-ZIP	Blountstown, FL 32424	

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: *Geraldine B Sheard* *Geraldine B Sheard*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 13, 2001 850-674-8747
Date Daytime Phone #

CR2E037 (10/00)