

2002 UNIFORM BUSINESS REPORT (UBR)

260

DOCUMENT # N01000004285

1. Entity Name

P-3 MINISTRIES, INC.

FILED

02 JUL -9 PM 3: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1953 WEST 9TH STREET
JACKSONVILLE FL 32209

1953 WEST 9TH STREET
JACKSONVILLE FL 32209

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

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACKSON, PERCY SR.
2068 OLD MIDDLEBURG ROAD
JACKSONVILLE FL 32210

Name **Rowland V. Williams**

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

1125-1 CESERY BLVD

City **JACKSONVILLE**

FL

Zip Code **32211**

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

Rowland V. Williams

07-08-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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	DPC	<input type="checkbox"/> Delete
NAME	JACKSON, PERCY SR.	
STREET ADDRESS	1953 WEST 9TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COCKFIELD, LASHAWN	
STREET ADDRESS	1603 WEST 32ND STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, BARBARA	
STREET ADDRESS	1015 POWHATTAN STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D T	<input type="checkbox"/> Delete
NAME	WALKER, DAVID	
STREET ADDRESS	1953 WEST 9TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSS, RENEE	
STREET ADDRESS	1953 WEST 9TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACKSON, PERCY JR.	
STREET ADDRESS	2068 MIDDLEBURG ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300006660213-4	
STREET ADDRESS	-07/25/02--01045--011	
CITY-ST-ZIP	*****70.00 *****70.00	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANNIE R. SANDERS	
STREET ADDRESS	2721 LOWELL AVENUE	
CITY-ST-ZIP	JACKSONVILLE, FL 32254	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN ESTE JACKSON SR	
STREET ADDRESS	6455 Agyle Forest Blvd	
CITY-ST-ZIP	JACKSONVILLE, FL 32244	
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:

Percy Jackson

07/08/02 911-354-0145

CR2E037 (4/02)