

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 17, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90149 012 \*\*\*\*61.25  
 09-17-2002 90091 021 \*\*\*\*61.25

**DOCUMENT # N01000006878**

1. Entity Name

**TIM IRELAND MINISTRIES, INC.**

Principal Place of Business

**1245 PHEASANT RUN DR.  
 TALLAHASSEE FL 32312**

Mailing Address

**1245 PHEASANT RUN DR.  
 TALLAHASSEE FL 32312**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**01-0671194**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**IRELAND, TIM  
 1245 PHEASANT RUN DR.  
 TALLAHASSEE FL 32312**

7. Name and Address of New Registered Agent

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

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

TITLE **DCEO** ☐ Delete  
 NAME **IRELAND, TIM**  
 STREET ADDRESS **1245 PHEASANT RUN DR.**  
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D - TREAS** ☐ Delete  
 NAME **MITCHELL, JOSEPH**  
 STREET ADDRESS **2851 REMINGTON GREEN CIR.**  
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D - Sec.** ☐ Delete  
 NAME **DAVIS, JOHN**  
 STREET ADDRESS **939 PAGE LN.**  
 CITY-ST-ZIP **MT. DORA FL 32757**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DCEO** ☐ Change ☐ Addition  
 NAME **Tim IRELAND**  
 STREET ADDRESS **1245 PHEASANT RUN DR.**  
 CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE **D - TREAS** ☐ Change ☐ Addition  
 NAME **Joe Mitchell, C.P.A.**  
 STREET ADDRESS **2851 Remington Green Dr.**  
 CITY-ST-ZIP **Tallahassee, FL 32312**

TITLE **D - Sec** ☐ Change ☐ Addition  
 NAME **John Davis**  
 STREET ADDRESS **939 Page Ln**  
 CITY-ST-ZIP **Mt. Dora, FL 32757**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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**

**9/12/02**

CR2E037 (4/02)