

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004066

1. Entity Name

JOHN SHIVER MINISTRIES INC

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90011 035 \*\*\*\*61.25

Principal Place of Business

Mailing Address

619 ERIN WAY  
 BROOKSVILLE FL 34601

619 ERIN WAY  
 BROOKSVILLE FL 34601-3020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3396219

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SHIVER, JOHN D REV  
 619 ERIN WAY  
 BROOKSVILLE FL 34601

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.

SIGNATURE

John D. Shiver

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

(NOTE: Registered Agent signature required when reinstating)

4/20/00

DATE

**FILE NOW:**  
**FEES 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 ☐ Delete  
 NAME P  
 STREET ADDRESS SHIVER, JOHN D  
 CITY-ST-ZIP 619 ERIN WAY  
 BROOKSVILLE FL

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

TITLE ☐ Delete  
 NAME VP  
 STREET ADDRESS SHIVER, EVETTE D  
 CITY-ST-ZIP 619 ERIN WAY  
 BROOKSVILLE FL

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

TITLE ☐ Delete  
 NAME T  
 STREET ADDRESS GAMBLE, MILFORD  
 CITY-ST-ZIP 2833 -14 PL  
 MERIDIAN MS 39305

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

TITLE ☐ Delete  
 NAME T  
 STREET ADDRESS GAMBLE, DORIS  
 CITY-ST-ZIP 2833 -14 PL  
 MERIDIAN MS 39305

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

TITLE ☐ Delete  
 NAME T  
 STREET ADDRESS RICHARDSON, CLARK  
 CITY-ST-ZIP 225 SHIRLEY DR  
 COLUMBUS MS 39702

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

TITLE ☐ Delete  
 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (John D. Shiver) 4/20/00 (352) 848-0548

Date

Daytime Phone #

CR2E037 (9/99)