

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004066

1. Entity Name

JOHN SHIVER MINISTRIES INC

Principal Place of Business

619 ERIN WAY
BROOKSVILLE FL 34601

Mailing Address

619 ERIN WAY
BROOKSVILLE FL 34601

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

59-3396219

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

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

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 P
NAME SHIVER, JOHN D
STREET ADDRESS 619 ERIN WAY
CITY-ST-ZIP BROOKSVILLE FL ☐ Delete

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

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

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

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

John D Shiver President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 (352)848-0548
Date Daytime Phone #

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90003 012 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)