

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005186

1. Entity Name

~~PAM-TON, INC.~~ ANTHONY B. JACKSON, SR., MINISTRIES, INC.

Principal Place of Business

4440 NW 168TH TERRACE
CAROL CITY FL 33055
US

Mailing Address

4440 NW 168TH TERRACE
CAROL CITY FL 33055-4319
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

65-0782386

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

JACKSON, ANTHONY B
4440 NW 168TH TERRACE
CAROL CITY FL 33055

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 PD
NAME JACKSON, ANTHONY B
STREET ADDRESS 4440 N.W. 168 TERRACE
CITY-ST-ZIP MIAMI FL 33055 ☐ Delete

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

TITLE SD
NAME JACKSON, PAMELA L
STREET ADDRESS 4440 N.W. 168 TERRACE
CITY-ST-ZIP MIAMI FL 33055 ☐ Delete

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

TITLE TD
NAME ALLEN, VERONICA
STREET ADDRESS 610 N. 68TH TERRACE
CITY-ST-ZIP PEMBROKE PINES FL 33024 ☒ Delete

TITLE TD
NAME DAY, MICHAEL
STREET ADDRESS 25 N.E. 158TH STREET
CITY-ST-ZIP North MIAMI, FL 33162 ☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

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:

Anthony B. Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

Daytime Phone #

CR2E037 (9/99)