


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 21, 2003 8:00 am
Secretary of State

02-26-2003 90176 023 ****61.25
07-21-2003 90122 018 ****70.00

DOCUMENT # N02000007974

1. Entity Name
KIMBOLD MINISTRIES, INC.



Principal Place of Business Mailing Address

419 MEGAN DRIVE **419 MEGAN DRIVE**
CANTONMENT FL 32533 **CANTONMENT FL 32533**

2. Principal Place of Business 3. Mailing Address

6462 GREENWELL ST **6462 GREENWELL ST**
Suite, Apt. #, etc. Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State City & State 4. FEI Number Applied For

PENSACOLA FL **PENSACOLA FL** **55-0795515** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

32526 **USA** **32526** **USA** **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

BOLDEN, JEFFEREY III
419 MEGAN DRIVE
CANTONMENT FL 32533

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLDEN, JEFFEREY III	NAME	
STREET ADDRESS	419 MEGAN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT FL 32533	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLDEN, WANDA F	NAME	
STREET ADDRESS	419 MEGAN DRIVE	STREET ADDRESS	
CITY-ST-ZIP	CANTONMENT-FL 32533	CITY-ST-ZIP	
TITLE	I <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	TETTA J. ZEIGLER
STREET ADDRESS		STREET ADDRESS	6462 GREENWELL ST.
CITY-ST-ZIP		CITY-ST-ZIP	PENSACOLA FL 32526
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 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 my address with all other like powers.

SIGNATURE: **JEFFERY BOLDEN III** SIGNATURE REQUIRED **7-16-03** **850-944-5711**

CR2E037 (4/03)