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

## DOCUMENT # N0200007974 1. Entity Name

Country

6. Name and Address of Current Registered Agent

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

KIMBOLD MINISTRIES, INC.

Principal Place of Business
419 MEGAN DRIVE
CANTONMENT FL 32533

BOLDEN, JEFFEREY III

the obligations of registered agent.

419 MEGAN DRIVE CANTONMENT FL 32533

SIGNATURE

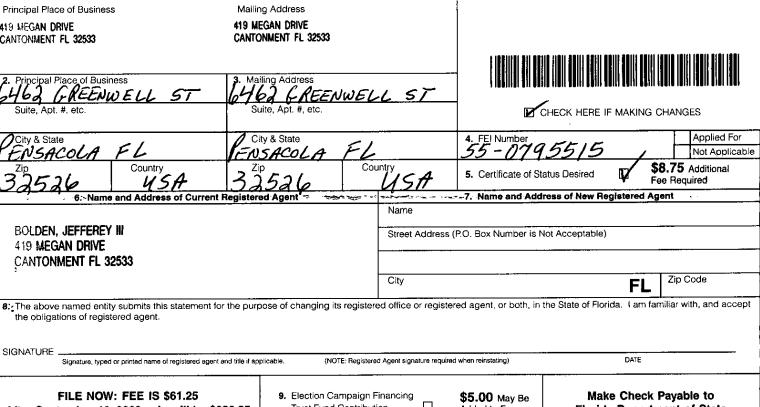
Mailing Address

419 MEGAN DRIVE CANTONMENT FL 32533

City & State

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

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



FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25		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			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOLDEN, JEFFEREY III 419 MEGAN DRIVE CANTONMENT FL 32533	□ Delete -	TITLE NAME STREET ADDRESS CITY - ST - ZIP			☐ Change	☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	ST BOLDEN, WANDA F 419 MEGAN DRIVE CANTONMENT: FL 32533	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	ETTA J. Z. 6462 GREEN FENSACOLA F	EIGLER NWELL ST. L 32526	☐ 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		☐ Delete	TITLE NAME	***		☐ Change	☐ Addition

Name

City

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 true and provided 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 attachm

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP