

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

**419 MEGAN DRIVE
CANTONMENT FL 32533**

Mailing Address

**419 MEGAN DRIVE
CANTONMENT FL 32533**

2. Principal Place of Business

6462 GREENWELL ST
Suite, Apt. #, etc.

3. Mailing Address

6462 GREENWELL ST
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
PENSACOLA FL

Zip
32526

Country
USA

City & State
PENSACOLA FL

Zip
32526

Country
USA

4. FEI Number
55-0795515

Applied For
☐ Not Applicable

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

6. Name and Address of Current 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

7. Name and Address of New Registered Agent

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

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
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

TITLE	P	<input type="checkbox"/> Delete
NAME	BOLDEN, JEFFEREY III	
STREET ADDRESS	419 MEGAN DRIVE	
CITY-ST-ZIP	CANTONMENT FL 32533	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BOLDEN, WANDA F	
STREET ADDRESS	419 MEGAN DRIVE	
CITY-ST-ZIP	CANTONMENT-FL 32533	
TITLE	I	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TETTA J. ZEIGLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	6462 GREENWELL ST.	
STREET ADDRESS	PENSACOLA FL 32526	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 my address, with all other lines empowered.

SIGNATURE: **JEFFERY BOLDEN III**
SIGNATURE REQUIRED

7-16-03 850-944-5711

CR2E037 (4/03)