

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 754577

1. Entity Name

JIM PONDER MINISTRIES, INC.

Principal Place of Business

Mailing Address

2000 COUNTRYSIDE CIR. N.  
ORLANDO FL 32804  
US

P.O. BOX 547995  
ORLANDO FL 32854

2. Principal Place of Business

3. Mailing Address

Same  
Suite, Apt. #, etc.

Same  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2093417

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

PONDER, JAMES A.  
2000 COUNTRYSIDE CIRCLE NO.  
ORLANDO FL 32804

Name

JOYCE M. PONDER

Street Address (P.O. Box Number is Not Acceptable)

2000 Countryside Circle, No.

City

Orlando,

FL

Zip Code  
32804

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

*Joyce M. Ponder*  
Signature, typed or printed name of registered agent and title if applicable.

Joyce M. Ponder, President, Treasurer 4/20/01

(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 NAME STREET ADDRESS CITY-ST-ZIP	PD PONDER, JAMES A 2000 COUNTRYSIDE CIRCLE, N ORLANDO FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATERS, PAUL 1065 CAMPBELL ORLANDO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PONDER, JOYCE 2000 COUNTRYSIDE CIRCLE, N. ORLANDO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICKERY, ROBERT 301 SALVADOR SQUARE WINTER PARK FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGES, A. PAYTON 348 NELSON AVENUE LONGWOOD FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCONNELL, BRIGHT 1319 NEW YORK AVENUE WINTER PARK FL <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD JOYCE M. Ponder 2000 Countryside Cir.N. Orlando FL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WATERS, PAUL 1065 Campbell, Orlando FL 32806 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VICKERY ROBERT 301 Salvador SQ Winter Park FL 32789 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HODGES, A. PAYTON 348 Nelson Ave., Longwood, FL 32750 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIGH, STEVEN 1452 Montcalm Orlando FL 32806 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCONNELL, BRIGHT 1319 New York Ave. Winter Park, FL 32789 <input type="checkbox"/> Change <input type="checkbox"/> 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: *Joyce M. Ponder*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

407/843-8433

Daytime Phone #

FILED  
May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90237 042 \*\*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

OC 139

CR2E037 (10/00)