

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

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90181 010 ****70.00

DOCUMENT # **754577**

1. Entity Name

Jim Ponder Ministries, Inc.

DO NOT WRITE IN THIS SPACE

90135591

2. Principal Place of Business

2000 Countryside Cir., N.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 547995

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

59-2093417

Applied For

Not Applicable

Zip

32804

Country

USA

Zip

32854

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Joyce M. Ponder*

Street Address (P.O. Box Number is Not Acceptable)
2000 Countryside Cir., N.

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE *P.D.*
NAME *Hodges, A Payton*
STREET ADDRESS *348 Nelson Ave*
CITY-ST-ZIP *Longwood, FL 32750*

TITLE *VD*
NAME *Fallin, Jerry*
STREET ADDRESS *1216 Buckwood*
CITY-ST-ZIP *Orlando, FL 32806*

TITLE *S.T.D.*
NAME *Ponder, Joyce M.*
STREET ADDRESS *2000 Countryside Cir., N.*
CITY-ST-ZIP *Orlando, FL 32804*

TITLE *P.*
NAME *Waters, Paul*
STREET ADDRESS *1065 Campbell*
CITY-ST-ZIP *Orlando FL 32806*

TITLE *D.*
NAME *Carson, Webster B.*
STREET ADDRESS *2901 N. Fritzke Rd.*
CITY-ST-ZIP *Dover, FL 33527*

TITLE *P.*
NAME *Mitchell, Bo*
STREET ADDRESS *660 Lake Dexter Dr.*
CITY-ST-ZIP *Winter Haven, FL 33884*

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Joyce M. Ponder* *Joyce M. Ponder*

4/15/03 *407/423-2003*

CR2E037B (12/01)