

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02000005972

FILED  
Apr 30, 2003  
Secretary of State

Entity Name: JIM BURGDORF MINISTRIES, INC.

## Current Principal Place of Business:

PO BOX 18872  
FT. WORTH, TX 76118

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 10522  
DATONA BEACH, FL 321200522

## New Mailing Address:

FEI Number: 75-2011886

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURGDORF, JAMES  
521 HARBOUR LIGHTS DR.  
ORMOND BEACH, FL 32174 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: BURGDORF, JAMES  
Address: PO BOX 10522  
City-St-Zip: DATONA BEACH, FL 321200522

Title: VCS ( ) Delete  
Name: BURGDORF, KARYN  
Address: PO BOX 10522  
City-St-Zip: DATONA BEACH, FL 321200522

Title: DVP ( ) Delete  
Name: INGRAM, STEVE  
Address: 104 GOSHAWK  
City-St-Zip: DATONA BEACH, FL 32119

Title: D ( ) Delete  
Name: THOMAS, MARK  
Address: 20450 ROYAL AVE.  
City-St-Zip: HAYWARD, CA 94541

Title: D ( ) Delete  
Name: SPROCK, LEON  
Address: 2315 CANOAS GARDEN RD.  
City-St-Zip: SAN JOSE, CA 95125

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition  
Name: BURGDORF, JAMES DR  
Address: PO BOX 10522  
City-St-Zip: DATONA BEACH, FL 321200522

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVP (X) Change ( ) Addition  
Name: INGRAM, STEVE DR  
Address: 144 DOUBLE EAGLE  
City-St-Zip: DATONA BEACH, FL 32119

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. JAMES BURGDORF

C P

04/30/2003

Electronic Signature of Signing Officer or Director

Date