

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003729

1. Entity Name

COL STRINGER MINISTRIES, INC.

**FILED**  
**Jan 28, 2000 8:00 am**  
**Secretary of State**

01-28-2000 90138 049 \*\*\*\*61.25

Principal Place of Business

Mailing Address

P. O. BOX 15277  
JACKSONVILLE FL 32239-5277

P. O. BOX 15277  
JACKSONVILLE FL 32239-5277

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-3002361

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

BAILEY, ROBERT E  
2361 CORTEZ ROAD  
JACKSONVILLE FL 32246

Name

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

City

FL

Zip Code

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

**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 CDP ☐ Delete  
NAME STRINGER, COL  
STREET ADDRESS 2361 CORTEZ RD.  
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE CDV ☐ Delete  
NAME STRINGER, JAN  
STREET ADDRESS 2361 CORTEZ ROAD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME NICHOLS, ROBERT B  
STREET ADDRESS 1600 W. 5TH STREET  
CITY-ST-ZIP FT. WORTH TX

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DV ☐ Delete  
NAME TOMLINSON, WILEY  
STREET ADDRESS 2361 CORTEZ ROAD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S ☐ Delete  
NAME BAILEY, ROBERT E  
STREET ADDRESS 2361 CORTEZ RD.  
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE DTQT ☐ Delete  
NAME TOMLINSON, JEANA  
STREET ADDRESS 2361 CORTEZ ROAD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ 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 an address, with all other, like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/07/2000 904-641-7600  
Date Daytime Phone #

CR2E037 (9/99)