

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004780

1. Entity Name

JOHN DAVIS MINISTRIES, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90082 040 ****61.25

Principal Place of Business

Mailing Address

3012 ASHBURY LN
CANTONMENT FL 32533
US

PO BOX 10430
PENSACOLA FL 32524-0430
US

2. Principal Place of Business

8911 Lewis St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

4. FEI Number

42-1731034

Applied For

Not Applicable

Zip

Country

Zip

Country

32514

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

DAVIS, JOHN
3012 ASHBURY LN
CANTONMENT FL 32533

Name

Drenda Stoner

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

8911 Lewis St.

City

Pensacola

FL

Zip Code

32514

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

Drenda Stoner Drenda Stoner, Secretary

5-5-00

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 P
NAME DAVIS, JOHN ☐ Delete
STREET ADDRESS PO BOX 10430
CITY-ST-ZIP PENSACOLA FL 32524-0430

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

TITLE VD ☒ Delete
NAME WETZEL, PAUL
STREET ADDRESS 8560 WESTVIEW LANE
CITY-ST-ZIP PENSACOLA FL 32514

TITLE VD ☐ Change ☒ Addition
NAME Deborah K. Davis
STREET ADDRESS P.O. Box 10430
CITY-ST-ZIP Pensacola, FL 32524-0430

TITLE SD ☐ Delete
NAME STONER, HARLAN
STREET ADDRESS 3012 ASHBURY L
CITY-ST-ZIP CANTONMENT FL 32533

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

TITLE D ☐ Delete
NAME FORTNER, TOM
STREET ADDRESS PO BOX 13
CITY-ST-ZIP NORWOOD MO 65717

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

TITLE S ☐ Delete
NAME STONER, DRENDA
STREET ADDRESS 3012 ASHBURY LN
CITY-ST-ZIP CANTONMENT FL 32533

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Drenda Stoner* Drenda Stoner, Secretary (850) 475-2169

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)