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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2001 8:00 am
Secretary of State
05-15-2001 90206 047 ****70.00

DOCUMENT # N00000000575

1. Entity Name

ADVANCED MINISTRY SERVICES, INC.

Principal Place of Business	Mailing Address
~~2920 MANDARIN MEADOWS BR. S.~~ ~~JACKSONVILLE FL 32223~~ 8144 FIRST COAST HWY - 102 AMELIA ISLAND, FL 32035	~~2920 MANDARIN MEADOWS BR. S.~~ ~~JACKSONVILLE FL 32223~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8144 FIRST COAST HWY	8144 FIRST COAST HWY.
Suite, Apt. #, etc.: SUITE 102	Suite, Apt. #, etc.: SUITE 102
City & State: AMELIA ISLAND, FL	City & State: AMELIA ISLAND, FL
Zip: 32035 Country: NASSAU	Zip: 32034 Country: NASSAU

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
NILL, C. JOHN ~~2920 MANDARIN MEADOWS BR. S.~~ ~~JACKSONVILLE FL 32223~~	Name: C. JOHN NILL Street Address (P.O. Box Number is Not Acceptable): 2794 HENLEY RD. City: GREEN COVE SPRINGS FL Zip Code: 32043

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	C. JOHN NILL, PRESIDENT / TREAS. DIRECTOR 2794 HENLEY RD. GREEN COVE SPRINGS, FL	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BRENDA M. JOSEE #19 VICE PRES. - SECRETARY DIRECTOR 2514 JAMACHA RD. - #502 EL CAJON, CA 92019	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MARK E. TIPPINS 233 E. BAY ST. - #901 DIRECTOR JACKSONVILLE, FL 32202	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition

CR2E037 (10/00)

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: C. JOHN NILL (FOR C. JOHN NILL) 4-28-01 904-880-4398
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #