

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State
 03-28-2001 90204 041 ****61.25

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DOCUMENT # N00000001254

1. Entity Name

I.O.L. MINISTRIES, INC.

Principal Place of Business

Mailing Address

**PO BOX 1861
 TALLAHASSEE FL 32302-1861**

**PO BOX 1861
 TALLAHASSEE FL 32302-1861**

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

59-3628471

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

**JAMES, DANIEL J
 1320 LAKE AVE APT #109
 TALLAHASSEE FL 32302-1861**

Name **Daniel L. James**

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

1320 Lake Avenue

Suite **109**

City

Tallahassee

FL

Zip Code
32310

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

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

Daniel L. James

(NOTE: Registered Agent signature required when reinstating)

March 28, 2001

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 ☐ Delete
 NAME **YOUNG, OTIS B**
 STREET ADDRESS **8231 BALMORAL DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

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

TITLE ☐ Delete
 NAME **ZACHERY, PAMELA C**
 STREET ADDRESS **8367 GLENDALIN ROAD**
 CITY-ST-ZIP **TALLAHASSEE FL 32311**

TITLE ☐ Change ☒ Addition
 NAME **Gay, Leslie D.**
 STREET ADDRESS **1320 Elberta Drive**
 CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE ☐ Delete
 NAME **MACK-FREEMAN, NIESHA R**
 STREET ADDRESS **18635 NW 38TH AVE**
 CITY-ST-ZIP **CAROL CITY FL 33055**

TITLE ☒ Change ☐ Addition
 NAME **Mack-Freeman, Niesha R.**
 STREET ADDRESS **17311 NW 32nd Ct.**
 CITY-ST-ZIP **Miami, FL 33056**

TITLE ☐ Delete
 NAME **JAMES, DANIEL L**
 STREET ADDRESS **1320 LAKE AVE STE 109**
 CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE ☐ Change ☒ Addition
 NAME **Williams, TiKeshia**
 STREET ADDRESS **503 Palm Beach Street, Suite 211**
 CITY-ST-ZIP **Tallahassee, FL 32310**

TITLE ☐ Delete
 NAME **THREATTS, SABRENA**
 STREET ADDRESS **620 STEELE DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE ☒ Change ☐ Addition
 NAME **S (Assistant)**
 STREET ADDRESS **Threatts, Sabrena**
 CITY-ST-ZIP **2074 Midyette Road, Suite 514
 Tallahassee, FL 32301**

TITLE ☐ Delete
 NAME **PARRISH, ANTHONY A**
 STREET ADDRESS **1320 LAKE AVE STE 109**
 CITY-ST-ZIP **TALLAHASSEE FL 32310**

TITLE ☒ Change ☐ Addition
 NAME **Parrish, Anthony A**
 STREET ADDRESS **503 Palm Beach Street, Suite 427**
 CITY-ST-ZIP **Tallahassee, FL 32310**

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:

Daniel L. James
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel L. James

March 28, 2001

(850)847-3891

Date

Daytime Phone #

CR2E037 (10/00)