

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**  
 05-28-2002 91776 014 \*\*\*\*61.25

**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**

**BULLDOG**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3628471**

Applied For

Not Applicable

Zip

Country

Zip

Country

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, DANEIL L  
 1320 LAKE AVE  
 STE 109  
 TALLAHASSEE FL 32310**

Name

**Daniel L. James**

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

**910 Splendor Road**

Suite 2

City  
**Tallahassee**

**FL**

Zip Code  
**32301**

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.

(NOT: Registered Agent signature required when reinstating)

**5/1/02**  
 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  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
**MACK-FREEMAN, NIESHA R**  
 STREET ADDRESS  
**17311 NW 32ND COURT**  
 CITY-ST-ZIP  
**MIAMI FL 33056**

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

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

TITLE ☒ Change ☐ Addition  
 NAME  
**James, Daniel L.**  
 STREET ADDRESS  
**910-2 Splendor Road**  
 CITY-ST-ZIP  
**Tallahassee, FL 32301**

TITLE ☒ Delete  
 NAME  
**AS**  
 STREET ADDRESS  
**THREATTS, SABRENA**  
 CITY-ST-ZIP  
**2074 MIDYETTE ROAD STE 514**  
**TALLAHASSEE FL 32301**

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

TITLE ☐ Delete  
 NAME  
**PARRISH, ANTHONY A**  
 STREET ADDRESS  
**503 PALM BEACH STREET STE 427**  
 CITY-ST-ZIP  
**TALLAHASSEE FL 32310**

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:

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

**5/1/02**  
 Date

**890-574-2722**  
 Daytime Phone #

CR2E037 (9/01)