

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2001 8:00 am
Secretary of State

09-18-2001 90009 004 ****75.00

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1. Entity Name

GOOD GRIEF MINISTRIES, INC.

Principal Place of Business

143 BOCA CIEGA PT. BLVD. NORTH
 ST. PETERSBURG FL 33705

Mailing Address

143 BOCA CIEGA PT. BLVD. NORTH
 ST. PETERSBURG FL 33705

AVU86697



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

151 BOCA CIEGA PT. BLVD, NO.

3. Mailing Address

151 BOCA CIEGA PT. BLVD, NO.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

4. FEI Number

59-3682722

Applied For

Not Applicable

Zip

33708

Country

USA

Zip

33708

Country

USA

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

JACOBS, CARL M
 143 BOCA CIEGA PT. BLVD. NORTH
 ST. PETERSBURG FL 33705

7. Name and Address of New Registered Agent

Name

SAME AS IN BLOCK 6.

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

151 BOCA CIEGA PT. BLVD, NO.

City

ST. PETERSBURG

FL

Zip Code

33708

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
After September 12, 2001, min. will be \$236.25

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
 NAME C/P/T/D
 STREET ADDRESS CARL M. JACOBS
 CITY-ST-ZIP 151 BOCA CIEGA PT BLVD, NO.
 ST. PETERSBURG, FL 33708

TITLE ☐ Change ☒ Addition
 NAME V/S/D
 STREET ADDRESS DEANNA H. JACOBS
 CITY-ST-ZIP 151 BOCA CIEGA PT. BLVD, NO.
 ST. PETERSBURG, FL 33708

TITLE ☐ Change ☒ Addition
 NAME D
 STREET ADDRESS MARVIN H. HENDERSON
 CITY-ST-ZIP 725 3RD AVE, No.
 ST. PETERSBURG, FL 33708

TITLE ☐ Change ☒ Addition
 NAME D
 STREET ADDRESS CAROL ORR
 CITY-ST-ZIP 671 GARLAND CIRCLE
 INDIAN ROCKS BEACH, FL 33785

TITLE ☐ Change ☒ Addition
 NAME D
 STREET ADDRESS DR. BOB McQUAID
 CITY-ST-ZIP 16001 2ND ST, EAST
 REDINGTON BEACH, FL 33710

TITLE ☐ Change ☒ Addition
 NAME D
 STREET ADDRESS E. JAMES REESE, III
 CITY-ST-ZIP 6767 SEMINOLE BLVD.
 SEMINOLE, FL 33772

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 REQUIRED

Sept. 10, 2001

727/394-1610

CR2E037 (5/01)