

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90236 034 ****61.25

DOCUMENT # N00936

1. Entity Name

PIONEER MINISTRY TEAMS, INC.

Principal Place of Business

9315 N. FLORIDA AVE
 TAMPA FL 33612
 US

Mailing Address

P. O. BOX 2586
 BONITA SPRINGS FL 34133
 US

2. Principal Place of Business

15201 Roosevelt Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

107

City & State

CLEARWATER, Florida

City & State

Zip

33760

Country

Zip

Country

4. FEI Number

65-0199735

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CROWTHER, STEVEN
 27221 OLIVER DR
 BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
VPD	ANIOTTO, SHERRY A	17602 WHISTLING LANE	LUTZ FL 33549	<input type="checkbox"/>
STD	CROWTHER, STEVEN	27221 OLIVER DR	BONITA SPRINGS FL 34135	<input type="checkbox"/>
PD	GHIOTTO, JEFFREY R	17602 WHISTLING LANE	LUTZ FL 33549	<input type="checkbox"/>
D	STEWART, DAVID	114 KENWOOD AVE	NOKOMIS FL 34275	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
D	JON STERNS	501 24TH AVE N.	ST. PETERSBURG, FL 33704	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 OF REGISTERED AGENT** JEFFREY R. Ghiotto 4/16/01 813 4097656

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)