2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 12, 2002 8:00 am
Secretary of State
02-05-2002 90041 047 ****70.00

DOCUMENT # N01000000468

1. Entity Name

JOSHUA MINISTRIES, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 441113 JACKSONVILLE FL 32222	POST OFFICE BOX 441113 JACKSONVILLE FL 32222

17523

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5102 Timuquana Rd	Joshua Ministries
Suite, Apt. #, etc. Suite #3	Suite, Apt. #, etc. P.O. Box 441113
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32244 Country Duval	Zip 32222 Country USA

4. FEI Number 59-3696968 ☐ 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
ORANGE, BOBBY J JR 5900 TOWNSEND ROAD #212 JACKSONVILLE FL 32244	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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ORANGE, BOBBY J JR 5900 TOWNSEND ROAD #212 JACKSONVILLE FL 32244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ORANGE, JACQUELYN 5900 TOWNSEND ROAD #212 JACKSONVILLE FL 32244	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D *Jacquelyn Orange ☐ Change ☐ Addition → Director holds the office of VP and D (directors) positions.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST WRIGHT, MARILYN 3501 TOWNSEND BLVD. #265 JACKSONVILLE FL 32277	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST/D ☒ Change ☐ Addition Mr. Elisha Sailor 4950 Richard Street Apt. #31 Jacksonville, FL 32207
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/T ☐ Change ☒ Addition Sandra Graham 7108 Dunson Road Jacksonville, Florida 32244
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 (9/01)

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: Bobby J. Orange Jr. 1-22-02 904-317-9037
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #