

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000002551

1. Entity Name

GOD'S WILL MINISTRIES, INC.

Principal Place of Business

2203 W. PENSACOLA ST., STE. E-8
TALLAHASSEE FL 32316

Mailing Address

2203 W. PENSACOLA ST., STE. E-8
TALLAHASSEE FL 32316

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

PO BOX 2274

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

32316

Country

U.S.A.

4. FEI Number

59-3739143

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLEN, JIMMY K
2203 W. PENSACOLA ST., STE. E-8
TALLAHASSEE FL 32316

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 ☐ Delete
NAME ALLEN, JIMMY K
STREET ADDRESS PO BOX 2132
CITY-ST-ZIP TALLAHASSEE FL 32316

TITLE ☐ Delete
NAME ALLEN, LISIE DUARTE
STREET ADDRESS PO BOX 2132
CITY-ST-ZIP TALLAHASSEE FL 32316

TITLE ☐ Delete
NAME CARROLL, DONALD B
STREET ADDRESS PO BOX 1027
CITY-ST-ZIP CARRABELLE FL 32322

TITLE ☐ Delete
NAME
STREET ADDRESS
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

P/D ☒ Change ☐ Addition
NAME ALLEN, JIMMY K.
STREET ADDRESS 2203 W PENSACOLA ST, E-8
CITY-ST-ZIP TALLAHASSEE FL 32304

S/T/D ☒ Change ☐ Addition
NAME ALLEN, LISIE D.
STREET ADDRESS 2203 W PENSACOLA ST, E-8
CITY-ST-ZIP TALLAHASSEE FL 32304

V/D ☒ Change ☐ Addition
NAME CARROLL, DONALD B.
STREET ADDRESS PO BOX 1027
CITY-ST-ZIP CARRABELLE FL 32322

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

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

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:

Jimmy K Allen 25 MAR 2002 850-350-0979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90088 034 *****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)