

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91883 029 *****61.25

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DOCUMENT # N01000003338

1. Entity Name

JUANITA MOTLEY MINISTRIES, INC.



Principal Place of Business

6021 30TH AVENUE WEST
BRADENTON FL 34209

Mailing Address

PO BOX 14371
BRADENTON FL 34280-4371
US

2. Principal Place of Business

6465 142 Ave N., J204

3. Mailing Address

P.O. Box 14371

Suite, Apt. #, etc.

CLEARWATER

Suite, Apt. #, etc.

BRADENTON, FL

City & State

FL

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 01-0622624

Applied For

Not Applicable

Zip

33760

Country

USA

Zip

34280-4371

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOTLEY, JUANITA D
6021 30TH AVENUE WEST
BRADENTON FL 34209

7. Name and Address of New Registered Agent

Name

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

6465 142 Ave N., J204

CLEARWATER

City

FL

Zip Code

33760

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Juanita D Motley

04/28/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PEACOCK, SONYA A	
STREET ADDRESS	619 FAMCEE AVE.	
CITY-ST-ZIP	TALLAHASSEE FL 34310	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNLAP, COREY P	
STREET ADDRESS	555 WATSON BAY	
CITY-ST-ZIP	STONE MOUNTAIN GA 30087	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADDERLEY, ADRIENNE D	
STREET ADDRESS	4301 BARK DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNLAP, TRACIE M	
STREET ADDRESS	4231 NW 39 AVE.	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Juanita D Motley

04/28/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)