

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003792

1. Entity Name

JUBILEE EXPLOSION OF TRUTH MINISTRIES INC.

Principal Place of Business

2431 ALOMA AVENUE  
WINTER PARK FL 32792

Mailing Address

2431 ALOMA AVENUE  
WINTER PARK FL 32792

2. Principal Place of Business

1707 C NORTH MILLIS AVE

3. Mailing Address

P.O. BOX 555009

Suite, Apt., #, etc.

Suite, Apt., #, etc.

Orlando Fla

Orlando Fla

City & State

City & State

Zip

32803

Country

ORANGE

Zip

32855

Country

ORANGE

4. FEI Number

59-3719020

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAGGINS, MARY HELLEN  
617 W. KALEY AVENUE  
ORLANDO FL 32805

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 D PASTOR  
NAME HAGINS, MARY HELLEN  
STREET ADDRESS 617 W. KALEY STREET  
CITY-ST-ZIP ORLANDO FL 32805

TITLE DEKER, Secretary; Treasurer  
NAME WARD, ELIZABETH  
STREET ADDRESS 617 W. KALEY STREET  
CITY-ST-ZIP ORLANDO FL 32805

TITLE DEACON  
NAME TARELL BRADFORD, LATANYA  
STREET ADDRESS 14 WEST 7TH STREET  
CITY-ST-ZIP APOPKA FL 32703

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE MINISTERS  
NAME CARLTON L. REAVES  
STREET ADDRESS 967 MOLLARD ROAD STONE MOUNTAIN GA  
CITY-ST-ZIP 30088

TITLE minister  
NAME Dale J. Reaves  
STREET ADDRESS 967 MOLLARD ROAD STONE MOUNTAIN GA  
CITY-ST-ZIP 30088

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

Haggins, Mary Hellen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407 760-1245

FILED  
May 20, 2002 8:00 am  
Secretary of State

05-20-2002 90065 013 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

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