

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

DOCUMENT # N01000006249

1. Entity Name

JONATHAN L. MCKNIGHT MINISTRIES, INC.



APPROVAL
AND
FILED

03 OCT 14 AM 11:57

Principal Place of Business

821 SOUTH KINKMAN ROAD
ORLANDO FL 32861

Mailing Address

POST OFFICE BOX 616686
ORLANDO FL 32861

2. Principal Place of Business

821 South

Kinkman Rd

Orlando Fla

City & State

Zip 32861 Country USA

3. Mailing Address

P.O. Box 616686

Orlando Fla

City & State

Zip 32861 Country USA



REINSTATEMENT 2003

4. FEI Number 59-3725702

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKNIGHT, JONATHAN L
7843 CANYON LAKE CIRCLE
ORLANDO FL 32835

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

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
After September 10, 2003, min will be \$236.25

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 PD
NAME MCKNIGHT, JONATHAN
STREET ADDRESS POST OFFICE BOX 616686
CITY-ST-ZIP ORLANDO FL 32861 ☐ Delete

TITLE VD
NAME MCKNIGHT, TARA
STREET ADDRESS POST OFFICE BOX 616686
CITY-ST-ZIP ORLANDO FL 32861 ☒ Delete

TITLE SD
NAME WILLIAMS, JESSE JR.
STREET ADDRESS 7224 SOUTH 90TH EAST AVENUE, APT. 1013
CITY-ST-ZIP TULSA OK 74133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
300023805973
10/15/03--01023--021 **245.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition
TARA MCKNIGHT IS
Deleted from corporation

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/6/03 477-244-5487

Date

Daytime Phone #

CR2E037 (4/03)

0005141