

2002 UNIFORM BUSINESS REPORT (UBR)

2/6

FILED
Mar 14, 2002 8:00 am
Secretary of State

02-06-2002 90004 007 ****61.25

DOCUMENT # NO1000007945

1. Entity Name

JOSEPH JENNINGS MINISTRIES, INC.

Principal Place of Business

1450 DOWD COURT SE
PALM BAY FL 32910

Mailing Address

1450 DOWD COURT SE
PALM BAY FL 32910

2. Principal Place of Business

3. Mailing Address

P.O. Box 100200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm Bay Fla. 32910

Zip

Country

Zip

Country

FLA.

Brwaid

4. FEI Number

30-0008780

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

Name

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

City

FL

Zip Code

JENNINGS, DEBRA
1450 DOWD COURT SE
PALM BAY FL 32910

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 ☐ Delete

NAME JENNINGS, JOSEPH
STREET ADDRESS 1450 DOWD COURT SE
CITY-ST-ZIP PALM BAY FL 32910

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME JENNINGS, DEBRA
STREET ADDRESS 1450 DOWD COURT SE
CITY-ST-ZIP PALM BAY FL 32910

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME THOMAS, JEFF
STREET ADDRESS 1950 SW CRANE CREEK AVENUE
CITY-ST-ZIP STUART FL 34990

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME THOMAS, MARY
STREET ADDRESS 1950 SW CRANE CREEK AVENUE
CITY-ST-ZIP STUART FL 34990

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME MEANS, DON
STREET ADDRESS 12170 TECH CIRCLE COURT
CITY-ST-ZIP POWAY CA 92064

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME PISCOPO, SHERILL
STREET ADDRESS 28491 UTICA
CITY-ST-ZIP ROSEVILLE MI 48068

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)