

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90976 043 ****61.25

DOCUMENT # N02000000411

1. Entity Name
JACK AND CHANDA JONES MINISTRIES, INC.



Principal Place of Business
**7900 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32809**

Mailing Address
**13201 HEATHER MOSS DR., 1520
ORLANDO FL 32837**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
3030 N. MICHIGAN AVE

Suite, Apt. #, etc.
3030 N. MICHIGAN AVE

City & State
KISSIMMEE, FLORIDA

City & State
KISSIMMEE, FLORIDA

Zip
34744

Country
U.S.

Zip
34744

Country
U.S.

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMPTON, BONNIE
13229 HEATHER MOSS #1210
ORLANDO FL 32837**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
JONES, JACK
12020 VILLANOVA DR. 111
ORLANDO FL 32837** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
LYATEDAA HARVEY
13201 HEATHER MOSS DR #1520
ORLANDO, FLORIDA 32837** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
PASCASCIO, DEVONNE
13373 TWINWOOD LANE, #2313
ORLANDO FL 32837** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
PASCASCIO, ERNEST
13373 TWINWOOD LANE, #2313
ORLANDO FL 32837** ☐ Delete

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

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☐ 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: **JACK JONES** 25 APRIL 03 (407) 343-4705

CR2E037 (10/02)