

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

DOCUMENT # **N02000006704**

1. Entity Name

JOSEPH DANIEL MINISTRIES INT.



FILED

03 MAY 13 PM 2:14

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

103 NW 10th Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SOUTH BAY, FL.

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

33493

Country

USA

Zip

Country

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

PATRICK WILLIAMS

Street Address (P.O. Box Number is acceptable)

103 NW 10th Avenue

City

SOUTH BAY, FL.

Zip Code

33493

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IN THIS SPACE**

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

9. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**KENNETH JACKSON T.D.
1101 CHURCH WAY
R.P.B. FL. 33411**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**300019745563
05/22/03--01080--001 **70.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**WILLIAM INISKY
854 CONNISTON RD.
W.P.B. FL 33409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**RITA MCKINNEY
1104 SEVEN PINE BLVD, FL S.D.
WPB FL 33409**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PATRICK WILLIAMS
103 NW 10th Avenue
SOUTH BAY, FL. 33493**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

PATRICK WILLIAMS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/03

Date

561-333-7434

Daytime Phone #

CR2E037B (12/02)

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