

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

FILED
Jul 21, 2003 8:00 am
Secretary of State

07-21-2003 90131 005 ****61.25

0013712

DOCUMENT # N02000009250

1. Entity Name

JPARKER MINISTRIES, INC.



Principal Place of Business

**5115 NORTH SOCRUM LOOP APT 154
LAKELAND FL 33809**

Mailing Address

**5115 NORTH SOCRUM LOOP APT 154
LAKELAND FL 33809**

2. Principal Place of Business

404 KEAT AVENUE

3. Mailing Address

404 KEAT AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AUBURNDALE, FLORIDA

City & State

AUBURNDALE, FLORIDA

Zip

33823

Country

USA

Zip

33823

Country

USA

4. FEI Number

16-1642668

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**PARKER, JERRY L
5115 NORTH SOCRUM LOOP APT 154
LAKELAND FL 33809**

7. Name and Address of New Registered Agent

Name **PARKER, JERRY L.**

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

404 KEAT AVENUE

City

AUBURNDALE

FL

Zip Code

33823

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

7/15/03

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **PARKER, JERRY L**
STREET ADDRESS **5115 NORTH SOCRUM LOOP APT 154**
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **D** ☒ Change ☐ Addition
NAME **PARKER, JERRY L.**
STREET ADDRESS **404 KEAT AVENUE**
CITY-ST-ZIP **AUBURNDALE, FLORIDA 33823**

TITLE **D** ☒ Delete
NAME **PARKER, DARLA O**
STREET ADDRESS **5115 NORTH SOCRUM LOOP APT 154**
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **D** ☐ Change ☒ Addition
NAME **RON WILLIAMS**
STREET ADDRESS **369 LANTANA CIRCLE**
CITY-ST-ZIP **AUBURNDALE, FLORIDA 33823**

TITLE **D** ☒ Delete
NAME **PARKER, FRANCIS E**
STREET ADDRESS **731 SOMMERSET ST**
CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **D** ☐ Change ☒ Addition
NAME **CARROLL L. BRUCE**
STREET ADDRESS **610 SYDNEY CIRCLE**
CITY-ST-ZIP **WINTER HAVEN, FLORIDA 33880**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

JERRY Parker

7/15/03

863-559-7340

CR2E037 (4/03)