

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15350

1. Entity Name

JTS MINISTRIES, INC.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90102 002 ****70.00

Principal Place of Business 366 STEEPLE CHASE LANE P.O. BOX 6189 PALM HARBOR FL 34684-0789 US	Mailing Address P.O. BOX 6189 PALM HARBOR FL 34684-0789 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2729657	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent THOMPSON, JOHN R 366 STEEPLE CHASE LANE PALM HARBOR FL 34684-0789

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.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	VPD <input type="checkbox"/> Delete
NAME	ADAMS, JIMMY D
STREET ADDRESS	P.O. BOX 29 N/A
CITY-ST-ZIP	ZANESVILLE OH 43702
TITLE	PD <input type="checkbox"/> Delete
NAME	THOMPSON, JOHN R
STREET ADDRESS	366 STEEPLE CHASE LANE
CITY-ST-ZIP	PALM HARBOR FL 34684
TITLE	STD <input type="checkbox"/> Delete
NAME	THOMPSON, SUSAN K
STREET ADDRESS	366 STEEPLE CHASE LANE
CITY-ST-ZIP	PALM HARBOR FL 34684
TITLE	D <input type="checkbox"/> Delete
NAME	MORRIS, GLENN E
STREET ADDRESS	2100 ALT. U.S. 19
CITY-ST-ZIP	PALM HARBOR FL 34683
TITLE	D <input type="checkbox"/> Delete
NAME	CRAWFORD, TONY
STREET ADDRESS	2629 RAVEN TRAIL
CITY-ST-ZIP	MARIETTA GA 30066
TITLE	D <input type="checkbox"/> Delete
NAME	CRAWFORD, JULIE
STREET ADDRESS	2629 RAVEN TRAIL
CITY-ST-ZIP	MARIETTA GA 30066

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **SIC John R Thompson President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 727/781-0747

Date Daytime Phone #

CR2E037 (9/99)