

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90032 004 \*\*\*\*70.00

**DOCUMENT # N27834**

1. Entity Name

**FIVE FOLD MINISTRIES, INC.**

Principal Place of Business

4265 UTE COURT  
ESTERO FL 33928  
US

Mailing Address

4265 UTE COURT  
ESTERO FL 33928  
US

2. Principal Place of Business

3. Mailing Address

**PO Box 19**

Suite, Apt., #, etc.

Suite, Apt., #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

**Canton, MN**

4. FEI Number

**65-0067361**

Applied For

Not Applicable

Zip

Country

Zip

Country

**55922**

**Minnesota**

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

**PARLIN, ROGER**  
**4265 UTE COURT**  
**ESTERO FL 33928**

Name

**Mark Shaw**

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

**3210 Joppa Lane**

City

**Ft. Myers**

**FL**

Zip Code

**33905**

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]*

**Mark Shaw Director**

**3-12-01**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PARLIN, ROGER</b> <b>4265 UTE CT.</b> <b>ESTERO FL 33928</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PARLIN, DEE</b> <b>4265 UTE CT.</b> <b>ESTERO FL 33928</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHAW, MARK</b> <b>RR #3 BOX 206-0, HIGHWAY 66</b> <b>KING NC</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Mark Shaw</b> <b>PO Box 19</b> <b>Canton, MN 55922</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Kathryn Colton</b> <b>RR 2 Box 35</b> <b>Harmony, MN 55939</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Wallace Mann</b> <b>6497 Hilliard Dr</b> <b>Canal Winchester, OH 43110</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-12-01**

**888-886-2717**

CR2E037 (10/00)