

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90060 044 ****61.25

0017406

DOCUMENT # N35244

1. Entity Name

GIG MINISTRIES, INCORPORATED

Principal Place of Business

Mailing Address

%PETERS, TOBI
 823 LAVON DRIVE
 PENSACOLA FL 32506
 US

C/O PETERS, TOBI
 823 LAVON DRIVE
 PENSACOLA FL 32506
 US

2. Principal Place of Business

C/O Tobi Peters

3. Mailing Address

C/O Tobi Peters

Suite, Apt. #, etc.

4118 Erika Ct.

Suite, Apt. #, etc.

4118 Erika Ct.

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32526

Country

USA

Zip

32526

Country

USA

6. Name and Address of Current Registered Agent

PETERS, TOBI
 823 LAVON DR
 PENSACOLA FL 32506

7. Name and Address of New Registered Agent

Name

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

4118 Erika Ct.

City

Pensacola

FL

Zip Code

32526

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

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

TITLE **P** ☐ Delete
 NAME PETERS, TOBI
 STREET ADDRESS 823 LAVON DR
 CITY-ST-ZIP PENSACOLA FL

TITLE **D** ☐ Delete
 NAME WOLFE, THEODORE (MR&MRS)
 STREET ADDRESS 8003 ATLAS ST.
 CITY-ST-ZIP PENSACOLA FL

TITLE **D** ☐ Delete
 NAME UNRUH, RODNEY (MR&MRS)
 STREET ADDRESS 8003 ATLAS ST
 CITY-ST-ZIP PENSACOLA FL

TITLE **D** ☐ Delete
 NAME PETERS, WILLIAM
 STREET ADDRESS 823 LAVON DR.
 CITY-ST-ZIP PENSACOLA FL

TITLE **D** ☐ Delete
 NAME DICKERSON, BAILEY M
 STREET ADDRESS 6226 FOREST PINES DR
 CITY-ST-ZIP PENSACOLA FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
 NAME Tobi Peters
 STREET ADDRESS 4118 Erika Ct.
 CITY-ST-ZIP Pensacola, FL 32526

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

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

TITLE **D** ☒ Change ☐ Addition
 NAME Peters William
 STREET ADDRESS 4118 Erika Ct.
 CITY-ST-ZIP Pensacola, FL 32526

TITLE ☐ Change ☐ Addition
 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:

Tobi Peters
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/2001 (850) 944-7279
 Date Daytime Phone #

CR2E037 (10/00)