

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N42912**

1. Entity Name

JACOB J. JACKSON (BIBLE WAY) MINISTRIES, INC.

Principal Place of Business

**5304 HORTON ROAD
PLANT CITY FL 33567**

Mailing Address

**5304 HORTON ROAD
PLANT CITY FL 33567**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3063719

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**JACKSON, JACOB J.
5304 HORTON ROAD
PLANT CITY FL 33567**

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 _____

**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 **D** ☐ DeleteNAME **JACKSON, JACOB J.**
STREET ADDRESS **5304 HORTON ROAD**
CITY-ST-ZIP **PLANT CITY FL**TITLE **D** ☐ DeleteNAME **WILLIAMSON, W. J**
STREET ADDRESS **2510 BEACHWOOD LN**
CITY-ST-ZIP **VALRICO FL 33594**TITLE **D** ☐ DeleteNAME **WILLIAMSON, SYNTHIA M.**
STREET ADDRESS **2510 BEACHWOOD LN**
CITY-ST-ZIP **VALRICO FL 33594**TITLE **D** ☐ DeleteNAME **JACKSON, ANNIE P.**
STREET ADDRESS **2015 PETROSS ROAD**
CITY-ST-ZIP **AILEY GE**TITLE **D** ☐ DeleteNAME **WRIGHT, MARY E.**
STREET ADDRESS **14 NEWPORT DRIVE**
CITY-ST-ZIP **BLOOMFIELD CO**TITLE **D** ☐ DeleteNAME **LAMPKINS, EDWIN D.**
STREET ADDRESS **103 MAHONEY ST WEST**
CITY-ST-ZIP **PLANT CITY FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACOB J. JACKSON**4/22/01****(813) 737-3207**

Date

Daytime/Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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