2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45221 May 22, 2000 8:00 am Secretary of State 1. Entity Name JOHN MARK MINISTRIES, INC. 05-22-2000 90041 017 ****61.25 Principal Place of Business -Mailing Address 3165 FIRST AVE. 3165 FIRST AVE. **APT. 14 APT. 14** FERNANDINA BEACH FL 32034-2351 FERNANDINA BEACH FL 32034 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State -City & State 59-3082137 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LERRY (P.O. Box Number is Not Acceptable) Street Address HICKS, TERRY J. 3165 FIRST AVE. APT. 14 Zip Code FERNANDINA BEACH FL 32034 2034 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 Make Check Pavable to FILE NOW: 9. Election Campaign Financing **\$5.00** May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. **Change** ☐ Addition TITLE ☐ Delete TITL F Hicks TERRY J. 2487 High Rigger Rd HICKS, TERRY J. NAME NAME 3165 FIRST AVENUE APT. 14 STREET ADDRESS STREET ADDRESS FERNANDINA BEACH FL 32034 CITY-ST-ZIP CITY-ST-ZIP Fernaudina BezelyFL. STD ☐ Addition TITLE . Delete TITLE Change Hicks, Frankie D. HICKS, FRANKIE D. NAME NAME 2487 High Rigger Rd 3165 FIRST AVENUE APT. 14 STREET ADDRESS STREET ADDRESS FERNANDINA BEACH FL: 32034 - ** Fern AN dINA BEECK, FL. 32034 CITY-ST-ZIP CITY-ST-ZIP-TITLE ☐ Delete TITLE ☐ Change ☐ Addition RUDASILL, C. HARRY NAME NAME RT 2 CAMP CREEK RD STREET ADDRESS STREET ADORESS Cornelia ga CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE HAMÉL, MELVIN J NAME NAME 861 YULEE HILLS ROAD STREET ADDRESS STREET ADDRESS YULEE FL 32097 CJTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE WALLACE, JAMES D NAME NAME 770 BRENDA STREET ADDRESS STREET ADDRESS CAMDEN AR 71701 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 eath; 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

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changed, or on an attachment with an address, with all other like empowered.