2000 UNIFORM BUSINESS REPORT (UBR)

Jerry Bulli JERRY ERIEF IN

FILED N9300004009 DOCUMENT # Apr 20, 2000 8:00 am 1. Entity Name **Secretary of State** JERRY GRIFFIN MINISTRIES INC. Principal Place of Business Mailing Address 04-20-2000 90018 030 ****75.00 77.9 WRIGHTS CREEK, RD. < SAME CARYVILLE, FL. 32427 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For N9300000 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JERRY TRIFFIN 779 WRIGHTS CREEK RD Name Street Address (P.O. Box Number is Not Acceptable) CARYVILLE, FL 32427 City 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 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61.25 Added to Fees Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 REGISTERED AGENT ☐ Delete ☐ Addition TITLE TITLE Change JERRY GOIFFIN 779 WRIGHTS FREEK, RD. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP CARYVILLE FL. 32427 TITLE SECATARY ☐ Delete TITLE Change ☐ Addition KENZIE HARRIS NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CARYVILLE, FL 32427 CITY-ST-ZIP TRMA GRIFFIN 779 WRIGHTS CREEK RD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS (ARYVILLE, FL 3242) CITY-ST-ZIP CITY-ST-7iP OFFIER ☐ Change ■ Addition ☐ Delete TITLE TITLE GOWARD C. LEWIS NAME NAME 800 MAYFIELD ST. STREET ADDRESS STREET ADDRESS MONROEVILLE AL. 36460 CITY-ST-ZIP CITY-ST-7/P ☐ Delete ☐ Change ☐ Addition TITLE TITLE EARL SIMS BAST BROCK AV-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition 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 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.