

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000004009

1. Entity Name

JERRY GRIFFIN MINISTRIES INC.

Principal Place of Business

Mailing Address

779 WRIGHTS CREEK ROAD
CARYVILLE FL 32427

779 WRIGHTS CREEK ROAD
CARYVILLE FL 32427

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3203739

Applied For

Not Applicable

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

GRIFFIN, JERRY L
779 WRIGHTS CREEK ROAD
CARYVILLE FL 32427

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GRIFFIN, JERRY L	
STREET ADDRESS	COUNTY ROAD 179N	
CITY-ST-ZIP	CARYVILLE FL 32427	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GRIFFIN, IRMA	
STREET ADDRESS	COUNTY ROAD 179N	
CITY-ST-ZIP	CARYVILLE FL 32427	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, EDDIE	
STREET ADDRESS	800 MAYFIELD ST J-58	
CITY-ST-ZIP	MONROEVILLE AL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARRIS, KENZIE	
STREET ADDRESS	CR 179 N	
CITY-ST-ZIP	CARYVILLE FL 32427	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIMMS, EARL	
STREET ADDRESS	PO BOX 232 N/A	
CITY-ST-ZIP	CARYVILLE FL 32427	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY L. GRIFFIN

Date 1-7-02 Daytime Phone #

548-9190

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90022 050 *****75.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)