

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N94000004814**

1. Entity Name

PRISCILLA AKINS MINISTRIES, INC.**FILED**
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90014 025 ****70.00

0007949

Principal Place of Business	Mailing Address
18 SOUTH 5TH ST. MACLENNY FL 32063 US	P.O. BOX 424 SANDERSON FL 32087

00075020



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3270539		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AKINS, PRISCILLA HIGHWAY 227 TONY GIVENS ROAD SANMCLENNY FL 32063		Name AKINS PRISCILLA Street Address (P.O. Box Number is Not Acceptable) Highway 227 Tony Givens Road City SANDERSON FL Zip Code 32087	

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	TITLE	
NAME	AKINS, PRISCILLA	NAME	
STREET ADDRESS	P.O. BOX 494 TONY GIVENS RD.	STREET ADDRESS	
CITY-ST-ZIP	SANDERSON FL 32087	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	FORD, DOROTHY M	NAME	
STREET ADDRESS	P.O. BOX 424 TONY GIVENS RD.	STREET ADDRESS	
CITY-ST-ZIP	SANDERSON FL 32087	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	FORD, SYLVESTER	NAME	
STREET ADDRESS	P.O. BOX 424 TONY GIVENS RD.	STREET ADDRESS	
CITY-ST-ZIP	SANDERSON FL 32087	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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:

PRISCILLA AKINS

6-19-01 904-259-7729

CR2E037 (10/00)