

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004814

1. Entity Name

PRISCILLA AKINS MINISTRIES, INC.

FILED

May 21, 2002 8:00 am
Secretary of State

05-21-2002 91227 019 ****70.00

Principal Place of Business

Mailing Address

18 SOUTH 5TH ST.
MACLENNY FL 32063
US

P.O. BOX 424
SANDERSON FL 32087

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3270539

Applied For

Not Applicable

Zip

Country

Zip

Country

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

AKINS, PRISCILLA
HIGHWAY 227 TONY GIVENS ROAD
SANMLENNY FL 32063

Name: PRISCILLA ANN AKINS
Street Address (P.O. Box Number is Not Acceptable)
13800 TONY GIVENS RD
SANDERSON FLA
City: 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 ☐ Delete
NAME AKINS, PRISCILLA
STREET ADDRESS P.O. BOX 494 TONY GIVENS RD.
CITY-ST-ZIP SANDERSON FL 32087

TITLE PD ☒ Change ☐ Addition
NAME AKINS PRISCILLA Ann
STREET ADDRESS 13800 TONY GIVENS RD
CITY-ST-ZIP SANDERSON FLA 32087
Address

TITLE VD ☐ Delete
NAME FORD, DOROTHY M
STREET ADDRESS P.O. BOX 424 TONY GIVENS RD.
CITY-ST-ZIP SANDERSON FL 32087

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME FORD, SYLVESTER
STREET ADDRESS P.O. BOX 424 TONY GIVENS RD.
CITY-ST-ZIP SANDERSON FL 32087

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Priscilla Akins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)