

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90390 007 ****70.00

DOCUMENT # N96000001482

1. Entity Name

ARTS TRIUMPHANT MINISTRIES, INC.

Principal Place of Business

**8121 ARLINGTON EXPRESSWAY
 JACKSONVILLE FL 32211**

Mailing Address

**PO BOX 350607
 JACKSONVILLE FL 32235**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3388701

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

**WILLIAMS, COLIN J
 8121 ARLINGTON EXPRESSWAY
 JACKSONVILLE FL 32211**

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 **D** ☐ Delete
 NAME **WILLIAMS, COLIN J**
 STREET ADDRESS **8121 ARLINGTON EXPRESSWAY**
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **DIRECTOR** ☐ Change ☒ Addition
 NAME **Jeffery Wells**
 STREET ADDRESS **699 KILMERKAMACK Rd.**
 CITY-ST-ZIP **ORADELL, MT. 07649**

TITLE **D** ☐ Delete
 NAME **WILLIAMS, YVONNE**
 STREET ADDRESS **8121 ARLINGTON EXPRESSWAY**
 CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE **D** ☐ Change ☒ Addition
 NAME **ANNIE PAJCIC**
 STREET ADDRESS **4510 ORTEGA BLVD**
 CITY-ST-ZIP **JACKSONVILLE, FL 32210**

TITLE **D** ☐ Delete
 NAME **STREMMOL, MARLA**
 STREET ADDRESS **9570 REGENCY SQUARE BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **D** ☐ Change ☒ Addition
 NAME **William Scott**
 STREET ADDRESS **4202 STRATFORD WAY**
 CITY-ST-ZIP **JACKSONVILLE FL 32225**

TITLE **D** ☒ Delete
 NAME **DEVALLE, J C**
 STREET ADDRESS **POB 11181**
 CITY-ST-ZIP **JAX FL 32239**

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

TITLE **D** ☒ Delete
 NAME **RUARK, P**
 STREET ADDRESS **9570 REGENCY SQ BLVD**
 CITY-ST-ZIP **JAX FL 32225**

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

TITLE **D** ☒ Delete
 NAME **SNODGRASS, S**
 STREET ADDRESS **4962 LAUREL GREENWAY**
 CITY-ST-ZIP **JAX FL 32225**

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: Colin J Williams 5/1/01 904-725-4967

CR2E037 (10/00)