

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004203

1. Entity Name

PARTNERS IN CHRIST MINISTRIES INC.

Principal Place of Business

732 PROSPECT AVE.
FORT MYERS FL 33905

Mailing Address

732 PROSPECT AVE.
FORT MYERS FL 33905

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

59-3311637

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

GRIMSLEY, EDDIE
732 PROSPECT AVE.
FORT MYERS FL 33905

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
After September 12, 2001, min. will be \$236.25

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

TITLE DT
NAME KNIGHT, EDDIE
STREET ADDRESS 390 RIVERGROVE LANE
CITY-ST-ZIP FT. MYERS FL 33905 ☐ Delete

TITLE DP
NAME GRIMSLEY, EDDIE ELDER
STREET ADDRESS 732 PROSPECT RD.
CITY-ST-ZIP FT. MYERS FL 33905 ☐ Delete

TITLE DT
NAME MADISON, CHARLES DEACON
STREET ADDRESS 126 LUCILLE AVE.
CITY-ST-ZIP FT. MYERS FL 33905 ☐ Delete

TITLE DS
NAME GRIMSLEY, BRENDA
STREET ADDRESS 732 PROSPECT RD.
CITY-ST-ZIP FT. MYERS FL 33905 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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: *Brenda Grimsley* SIGNATURE REQUIRED

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90010 034 ****61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)

7/17/01

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