

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004466

1. Entity Name

JIMMY PITTMAN MINISTRIES, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90037 022 ****61.25

Principal Place of Business

228 E ARCADE AVE
CLEWISTON FL 33440

Mailing Address

228 E ARCADE AVE
CLEWISTON FL 33440-3102
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3407108

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

PITTMAN, JAMES L
228 E ARCADE AVENUE
CLEWISTON FL 33440

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 ☐ Delete

NAME PITTMAN, JAMES LESLIE
STREET ADDRESS 228 E ARCADE AVENUE
CITY-ST-ZIP CLEWISTON FL 33440

TITLE VD ☐ Delete

NAME ENSOR, GARRY
STREET ADDRESS TROPICAL MH PARK, LOT 296
CITY-ST-ZIP CLEWISTON FL

TITLE STD ☐ Delete

NAME PITTMAN, PAULA Y
STREET ADDRESS 228 E ARCADE AVENUE
CITY-ST-ZIP CLEWISTON FL 33440

TITLE D ☐ Delete

NAME ENSOR, GARRY
STREET ADDRESS TROPICAL MOBILE HOME PARK, LOT 296
CITY-ST-ZIP CLEWISTON FL

TITLE D ☐ Delete

NAME CHAMNESS, MARIA
STREET ADDRESS 523 E OSCEOLA AVE
CITY-ST-ZIP CLEWISTON FL

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

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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: *Paula Y. Pittman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-28-2000 863-983-5450

CR2E037 (9/99)