

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 10, 2001 08:00 AM**
Secretary of State**DOCUMENT # N96000004466****1. Entity Name**
JIMMY PITTMAN MINISTRIES, INC.**Principal Place of Business**
228 E ARCADE AVE
CLEWISTON FL 33440**Mailing Address**
228 E ARCADE AVE
CLEWISTON FL 33440 US**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
59-3407108Applied 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**PITTMAN JAMES L
228 E ARCADE AVENUE

CLEWISTON FL 33440 US

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 JAMES L. PITTMAN****09/10/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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 CHAMNESS MARIA
STREET ADDRESS 523 E OSCEOLA AVE
CITY-ST-ZIP CLEWISTON FL**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** D ☐ Delete
NAME ENSOR GARRY
STREET ADDRESS TROPICAL MOBILE HOME PARK, LOT 296
CITY-ST-ZIP CLEWISTON FL**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** STD ☐ Delete
NAME PITTMAN PAULA Y
STREET ADDRESS 228 E ARCADE AVENUE
CITY-ST-ZIP CLEWISTON FL 33440**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** VD ☐ Delete
NAME ENSOR GARRY
STREET ADDRESS TROPICAL MH PARK, LOT 296
CITY-ST-ZIP CLEWISTON FL**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** PD ☐ Delete
NAME PITTMAN JAMES LESLIE
STREET ADDRESS 228 E ARCADE AVENUE
CITY-ST-ZIP CLEWISTON FL 33440**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**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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**

STD

09/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)