

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90187 013 \*\*\*\*70.00

**DOCUMENT # N97000006089**

1. Entity Name

**SHERYL A. JONES MINISTRIES, INC.**

Principal Place of Business

701 LAUREL AVENUE  
 SANFORD FL 32771

Mailing Address

112 PAMALA CT  
 SANFORD FL 32771

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

**59-3485385**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**JONES, SHERYL A  
 112 PAMALA COURT  
 SANFORD FL 32771**

7. Name and Address of New Registered Agent

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

TITLE ☐ Delete  
 NAME **D JONES, SHERYL A**  
 STREET ADDRESS **112 PAMALA COURT**  
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ Delete  
 NAME **D RUCKER, HARRY D SR**  
 STREET ADDRESS **927 BETHUNE DRIVE**  
 CITY-ST-ZIP **ORLANDO FL 32805**

TITLE ☐ Delete  
 NAME **D BORDERS, KAYLE**  
 STREET ADDRESS **327 GARLAND STREET**  
 CITY-ST-ZIP **DELTONA FL 32725**

TITLE ☒ Delete  
 NAME **PST JONES, SHERYL A**  
 STREET ADDRESS **112 PAMALA COURT**  
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
 NAME **P Sheryl A. Jones**  
 STREET ADDRESS **112 Pamala Court**  
 CITY-ST-ZIP **Sanford, FL 32771**

TITLE ☐ Change ☒ Addition  
 NAME **S Carol Tucker**  
 STREET ADDRESS **943 Monroe Harbor Place**  
 CITY-ST-ZIP **Sanford, FL 32773**

TITLE ☐ Change ☒ Addition  
 NAME **T Cynthia Jones**  
 STREET ADDRESS **129 Academy Avenue**  
 CITY-ST-ZIP **Sanford, FL 32771**

TITLE ☐ Change ☒ Addition  
 NAME **D Sheryl A. Jones**  
 STREET ADDRESS **112 Pamala Court**  
 CITY-ST-ZIP **Sanford, FL 32771**

TITLE ☐ Change ☒ Addition  
 NAME **D Harry D. Rucker, Sr.**  
 STREET ADDRESS **927 Bethune Drive**  
 CITY-ST-ZIP **Orlando, FL 32805**

TITLE ☐ Change ☒ Addition  
 NAME **D Kayle Borders**  
 STREET ADDRESS **327 Garland Street**  
 CITY-ST-ZIP **Deltona, FL 32725**

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:

*Sheryl Jones* **Sheryl Jones**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-18-01**

Date

**407-323-3837**

Daytime Phone #

CR2E037 (10/00)