

2000 UNIFORM BUSINESS REPORT (UBR)

5.

FILED
Sep 11, 2000 8:00 am
Secretary of State

05-04-2000 90152 014 ****61.50

DOCUMENT # N98000001996			
1. Entity Name MINISTERING ARTISTS, INC.			
Principal Place of Business 725 MONROE ST. JACKSONVILLE FL 32202		Mailing Address 725 MONROE ST. JACKSONVILLE FL 32202	
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		APPLIED FOR	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DOZIER, WILENE D 200 W FORSYTH ST, STE 800 JACKSONVILLE FL 32202		Name Street Address (P.O. Box Number is Not Acceptable) 101 E Union St. # 303 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 <i>Wylene Dozier</i>		5/30/00	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, EUGENE 8445 BANDERA CIRCLE W. JACKSONVILLE FL 32244	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, DOROTHY 3132 CATHEDRAL LANE JACKSONVILLE FL 32277	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUMAS, VALERIE 2618 SUNNY ACRES DR. JACKSONVILLE FL 32209	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALEZ, F. FREDA 4025 LEONNIE RD. JACKSONVILLE FL 32202	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDEZ, GLORIA 11515 SWORDFISH DR. JACKSONVILLE FL 32218	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Freda Gonzalez</i>		904 354 2604	
Signature and typed or printed name of signing officer or director		Date Daytime Phone #	

CR2E037 (9/99)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN 59-3557640

OMB No. 1545-0003

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) <u>Ministering Artists, Inc.</u>		DOC # <u>N98000001996</u>	
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name <u>309699</u>	
4a Mailing address (street address) (room, apt., or suite no.) <u>925 W. Monroe St.</u>		5a Business address (if different from address on lines 4a and 4b)	
4b City, state, and ZIP code <u>Jacksonville, FL 32202</u>		5b City, state, and ZIP code	
6 County and state where principal business is located <u>Duval, Florida</u>			
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► <u>Wilene Dozier</u>			

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (SSN)
<input type="checkbox"/> REMIC	<input type="checkbox"/> National Guard
<input type="checkbox"/> State/local government	<input type="checkbox"/> Farmers' cooperative
<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Trust
<input checked="" type="checkbox"/> Other nonprofit organization (specify) ► <u>Arts org.</u>	<input type="checkbox"/> Federal government/military
<input type="checkbox"/> Other (specify) ►	(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
-------------------------------------------------------------------------------------------	-------	-----------------

9 Reason for applying (Check only one box.) (see instructions)	<input type="checkbox"/> Banking purpose (specify purpose) ►
<input checked="" type="checkbox"/> Started new business (specify type) ►	<input type="checkbox"/> Changed type of organization (specify new type) ►
<input type="checkbox"/> Created a pension plan (specify type) ►	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Hired employees (check the box and see line 12)	<input type="checkbox"/> Created a trust (specify type) ►
10 Date business started or acquired (month, day, year) (see instructions) <u>4/7/98</u>	11 Closing month of accounting year (see instructions) <u>December</u>

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions)	Nonagricultural	Agricultural	Household
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------	--------------	-----------

14 Principal activity (see instructions) ► <u>Nonprofit Organization - arts - educational</u>

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ►	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
----------------------------------------------------------------------------------------------------------	------------------------------	----------------------------------------

16 To whom are most of the products or services sold? Please check one box.	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►	

17a Has the applicant ever applied for an employer identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
-------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------	----------------------------------------

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.	
Legal name ► <u>Wilene C. Dozier</u>	Trade name ►

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.	
Approximate date when filed (mo., day, year) City and state where filed	Previous EIN
<u>6/97</u> <u>Jacksonville, FL</u>	<u>59-3452801</u>

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Business telephone number (include area code) <u>(904) 355-6168</u>
Name and title (Please type or print clearly) ► <u>Wilene Dozier, President</u>	Fax telephone number (include area code) <u>(904) 346-1330</u>

Signature ► <u>Wilene Dozier</u>	Date ►
----------------------------------	--------

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
----------------------	------	------	-------	------	---------------------