

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002314

1. Entity Name

TIME & SEASON MINISTRIES, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90149 049 \*\*\*\*61.25

Principal Place of Business

4058 BRYAN ST  
GREENWOOD FL 32443

Mailing Address

4058 BRYAN ST  
GREENWOOD FL 32443-2292

2. Principal Place of Business

2948 H Harrison Ave

3. Mailing Address

2948 H Harrison Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Panama City FL

City & State

Panama City FL

4. FEI Number

59-3529739

Applied For

Not Applicable

Zip

32405

Country

Bay

Zip

32405

Country

Bay

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HALL, HELEN  
4058 BRYAN ST  
GREENWOOD FL 32443

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2948 H Harrison Ave

City

Panama City

FL

Zip Code

32405

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 NAME STREET ADDRESS CITY - ST - ZIP	D MCCOURY, H DEAN 4474 COOK RD MARIANNA FL 32448	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITE, DAVID 9310 LEVERETT DRIVE SEMMES AL 36571	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOHNSON, BERNARD 30 OLD FERRY RD SHALIMAR FL 32579	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD ROGERS, LUCILLE 4058 BRYAN ST GREENWOOD FL 32443	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD HALL, HELEN L 4058 BRYAN ST GREENWOOD FL 32443	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Boole, Chris 1565 Brockton Lane mobile AL 36695	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD Rogers, Lucille 2948 H Harrison Ave Panama City FL 32405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD Hall, Helen L 2948 H Harrison Ave Panama City FL 32405	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Helen L Hall 4/29/00 850 872-3823

Date

Daytime Phone #

CR2E037 (9/99)