

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002795

1. Entity Name

FRED SHIPMAN MINISTRIES, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90233 030 ****61.25

Principal Place of Business

Mailing Address

365 JOG ROAD
WEST PALM BEACH FL 33415

365 JOG ROAD
WEST PALM BEACH FL 33415-2315

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0843364

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

MASON, VON
365 JOG ROAD
WEST PALM BEACH FL 33415

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	<input type="checkbox"/> Delete
NAME	SHIPMAN, FREDERICK D	
STREET ADDRESS	1714 BANYAN CREEK COURT	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	SHIPMAN, DEBBIE	
STREET ADDRESS	1714 BANYAN CREEK COURT	
CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JONES, CHRIS	
STREET ADDRESS	17105 KEY LIME BOULEVARD	
CITY-ST-ZIP	LOXAHATCHEE FL 33470	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FENLASON, JOHN D	
STREET ADDRESS	10670 RUSH FORK ROAD	
CITY-ST-ZIP	CLYDE NC 28721	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOCK, CURTIS	
STREET ADDRESS	5330 MENDOZA STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPANY, ED	
STREET ADDRESS	1170 HATTERAS CIRCLE	
CITY-ST-ZIP	GREENACRES CITY FL 33413	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDERICK D. SHIPMAN

Date

Daytime Phone #

1/11/2000 (561) 683-6633

CR2E037 (9/99)