

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000002795**

1. Entity Name

FRED SHIPMAN MINISTRIES, INC.**FILED**
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90019 009 *****61.25

0050841

Principal Place of Business

**365 JOG ROAD
WEST PALM BEACH FL 33415**

Mailing Address

**365 JOG ROAD
WEST PALM BEACH FL 33415**

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

65-0843364

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

**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 **Shelby Colman**

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

365 Jog Road

City

West Palm Beach**FL**

Zip Code

33415

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

*Shelby Colman**Shelby Colman**1-4-00*

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** ☐ Delete
NAME **SHIPMAN, FREDERICK D**
STREET ADDRESS **1714 BANYAN CREEK COURT**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VPD** ☐ Delete
NAME **SHIPMAN, DEBBIE**
STREET ADDRESS **1714 BANYAN CREEK COURT**
CITY-ST-ZIP **BOYNTON BEACH FL 33436**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **FENLASON, JOHN D**
STREET ADDRESS **10870 RUSH FORK ROAD**
CITY-ST-ZIP **CLYDE NC 28721**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MOCK, CURTIS**
STREET ADDRESS **5330 MENDOZA STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **CAMPANY, ED**
STREET ADDRESS **1170 HATTERAS CIRCLE**
CITY-ST-ZIP **GREENACRES CITY FL 33413**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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)(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:*Shelby Colman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)