

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90102 040 ****70.00

DOCUMENT # N98000003436

1. Entity Name

MINISTRIES OF GOD CHURCH, INC.

Principal Place of Business

7653 HIGHWAY 90 WEST
 SNEADS FL 32460
 US

Mailing Address

P.O. BOX 897
 MARIANNA FL 32447

2. Principal Place of Business

2949 New Hope Road
 Suite, Apt. #, etc.
 Taz Lane

3. Mailing Address

P.O. Box 897
 Suite, Apt. #, etc.

City & State

Marianna, Florida

City & State

Marianna, Florida

4. FEI Number

59-3459293

Applied For

Not Applicable

Zip

32448

Country

Jackson

Zip

32447

Country

Jackson

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MORGAN, CAROLYN
 1936 ACE LANE
 MARIANNA FL 32446

7. Name and Address of New Registered Agent

Name: Jeffrey J. Wooden
 Street Address (P.O. Box Number is Not Acceptable): 4443 Crutchfield Drive Apt #4
 City: Marianna FL Zip Code: 32446

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

Jeffrey J. Wooden (President)

4-10-01

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	SD	<input checked="" type="checkbox"/> Delete
NAME	MORGAN, CAROLYN	
STREET ADDRESS	1936 ACE LANE	
CITY-ST-ZIP	MARIANNA FL 32448	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WOODEN, JEFFREY	
STREET ADDRESS	4443 CRUTCHFIELD DRIVE APT. 4	
CITY-ST-ZIP	MARIANNA FL 32446	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, CLEO	
STREET ADDRESS	8006 RAILROAD LANE	
CITY-ST-ZIP	MARIANNA FL 32460	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, JESSE	
STREET ADDRESS	8006 RAILROAD LANE	
CITY-ST-ZIP	SNEADS FL 32460	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bivens, Diedra	
STREET ADDRESS	1159 South Blvd.	
CITY-ST-ZIP	Chipley, FL 32428	
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		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wooden, Debra	
STREET ADDRESS	4443 Crutchfield Drive Apt. 4	
CITY-ST-ZIP	Marianna, FL 32446	
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		
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 all other like empowered.

SIGNATURE:

Jeffrey J. Wooden

Jeffrey J. Wooden 5-1-01

(850) 482-8977

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)