

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000073

1. Entity Name

GOSPEL MINISTRY OF JESUS CHRIST, INC.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90026 039 ****70.00

Principal Place of Business

Mailing Address

12109 BEEFLOWER DRIVE
BRADENTON FL 34202

P.O. BOX 20847
BRADENTON FL 34204-0847



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0840453

Applied For

Not Applicable

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

ITTER, G.T. "SKIP"
12109 BEEFLOWER DRIVE
BRADENTON FL 34202

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

Reverend G.T. "Skip" Ritter

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

April 20, 2000

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 | D | <input type="checkbox"/> Delete |
| NAME | ITTER, G.T. "SKIP" | |
| STREET ADDRESS | 12109 BEEFLOWER DRIVE | |
| CITY-ST-ZIP | BRADENTON FL 34202 | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | ITTER, M. TERRI | |
| STREET ADDRESS | 12109 BEEFLOWER DRIVE | |
| CITY-ST-ZIP | BRADENTON FL 34202 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | RICHAU, PAUL | |
| STREET ADDRESS | 2745 BELVOIR BLVD. | |
| CITY-ST-ZIP | SARASOTA FL 34237 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | Ernest Milligan | |
| STREET ADDRESS | 5686 25th St. Circle East | |
| CITY-ST-ZIP | Bradenton FL 34203 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | Crystal Milligan | |
| STREET ADDRESS | 5686 25th St. Circle East | |
| CITY-ST-ZIP | Bradenton FL 34203 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|---------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Ernest Milligan | |
| STREET ADDRESS | 5686 25th St. Circle East | |
| CITY-ST-ZIP | Bradenton FL 34203 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Crystal Milligan | |
| STREET ADDRESS | 5686 25th St. Circle East | |
| CITY-ST-ZIP | Bradenton FL 34203 | |
| 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: *Reverend G.T. "Skip" Ritter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(941)

752-0048

CR2E037 (9/93)