

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N99000000073**1. Entity Name  
GOSPEL MINISTRY OF JESUS CHRIST, INC.Principal Place of Business  
12109 BEEFLOWER DRIVE  
BRADENTON FL 34202  
Mailing Address  
P.O. BOX 20847  
BRADENTON FL 3420408472. Principal Place of Business  
3533 GOCIO RD  
Suite, Apt. #, etc.  
City & State  
SARASOTA FL3. Mailing Address  
PO BOX 14081  
Suite, Apt. #, etc.  
City & State  
SARASOTA FL4. FEI Number  
**65-0840453**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**RITTER G.T. "SKIP"  
12109 BEEFLOWER DRIVE  
BRADENTON FL 34202**7. Name and Address of New Registered Agent**Name  
RITTER G.T. "SKIP"  
Street Address (P.O. Box Number is Not Acceptable)  
3533 GOCIO RD  
City  
SARASOTA FL Zip Code  
34235

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 \_\_\_\_\_ 05/01/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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	D	<input type="checkbox"/> Delete
NAME	MILLIGAN CRYSTAL	
STREET ADDRESS	5686 25TH ST. CIRCLE EAST	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLIGAN ERNEST	
STREET ADDRESS	5686 25TH ST CIRCLE EAST	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	STD	<input type="checkbox"/> Delete
NAME	RITTER M. TERRI	
STREET ADDRESS	12109 BEEFLOWER DRIVE	
CITY-ST-ZIP	BRADENTON FL 34202	
TITLE	D	<input type="checkbox"/> Delete
NAME	RITTER G.T. "SKIP"	
STREET ADDRESS	12109 BEEFLOWER DRIVE	
CITY-ST-ZIP	BRADENTON FL 34202	
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		<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	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITTER M. TERRI	
STREET ADDRESS	3533 GOCIO RD	
CITY-ST-ZIP	SARASOTA FL 34235	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITTER G.T. "SKIP"	
STREET ADDRESS	3533 GOCIO RD	
CITY-ST-ZIP	SARASOTA FL 34235	
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)(f), 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: REV: G.T. "SKIP" RITTER** DIR 05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

CR2E037 (11/00)