

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 DEC 20 PM 12:03

**DOCUMENT #** Not For Profit  
**1. Entity Name** 7990000010255  
 God's Servants Ministries, Inc.  
**Principal Place of Business** 1815 W. 15th St.  
 Panama City, Fl. 32405  
**Mailing Address** 1115 Louisiana Ave.  
 Panama City, Fl. 32401

**2. Principal Place of Business** 1815 W. 15th St.  
 Suite, Apt. #, etc. Suite #18  
**3. Mailing Address** 1115 Louisiana Ave.  
 Suite, Apt. #, etc.

**City & State** Panama City Fl.  
**City & State** Panama City, Fl.  
**Zip** 32405 **Country** Bay  
**Zip** 32401 **Country** Bay

**4. FEI Number** 65-0083043  
**Applied For** Not Applicable  
**5. Certificate of Status Desired**  \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 Franklin J. Lynch  
 1405 Flower Ave  
 Panama City, Fl. 32405

**7. Name and Address of New Registered Agent**  
**Name** Thelma Jennings  
**Street Address (P.O. Box Number is Not Acceptable)** 1115 La. Ave.  
**City** Panama City **FL** **Zip Code** 32401

**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** Thelma Jennings Thelma Jennings 12-19-2000  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

**9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.**   
(See criteria on back)

**FILE NOW!!! FEE IS \$450.00 6/1/25**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing Trust Fund Contribution.**  **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> Pastor <b>NAME</b> Joyce E. Harris <b>STREET ADDRESS</b> P.O. Box 15906 <b>CITY-ST-ZIP</b> Panama City, Fl. 32406	<input type="checkbox"/> Delete
<b>TITLE</b> Director <b>NAME</b> Thelma Jennings <b>STREET ADDRESS</b> 1115 La. Ave <b>CITY-ST-ZIP</b> Panama City, Fl. 32401	<input type="checkbox"/> Delete
<b>TITLE</b> Trustee <b>NAME</b> Franklin J. Lynch <b>STREET ADDRESS</b> 1115 Louisiana Ave <b>CITY-ST-ZIP</b> Panama City, Fl. 32401	<input type="checkbox"/> Delete
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>TITLE</b>	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> Trustee <b>NAME</b> Whit Harris Jr. <b>STREET ADDRESS</b> 1803-B Calhoun Ave <b>CITY-ST-ZIP</b> Panama City, Fl 32405	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> Trustee <b>NAME</b> Roscoe Jennings <b>STREET ADDRESS</b> 1115 La. Ave <b>CITY-ST-ZIP</b> Panama City, Fl. 32401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Joyce E. Harris Pastor 05/31/00 (450) 769-6481  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)