

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001055

1. Entity Name

GOD'S SERVANTS MINISTRIES, INC.

FILED

Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90078 026 ****61.25

Principal Place of Business

Mailing Address

1815 W 15TH ST
SUITE #18
PANAMA CITY FL 32405

1115 LOUISIANA AVE
PANAMA CITY FL 32401

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

65-0683063

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

JENNINGS, THELMA
1115 LA. AVE.
PANAMA CITY FL 32401

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

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 P
NAME HARRIS, JOYCE E
STREET ADDRESS P.O. BOX 15906
CITY-ST-ZIP PANAMA CITY FL 32406 ☐ Delete

TITLE Deacon
NAME Maurice Pridden
STREET ADDRESS 1802 Calhoun Ave
CITY-ST-ZIP Panama City, FL 32405 ☐ Change ☒ Addition

TITLE D
NAME JENNINGS, THELMA
STREET ADDRESS 1115 LA. AVE
CITY-ST-ZIP PANAMA CITY FL 32401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TR
NAME LYNCH, FRANKLIN J
STREET ADDRESS 1115 LOUISIANA AVE
CITY-ST-ZIP PANAMA CITY FL 32401 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE TR
NAME HARRIS, WHIT JR
STREET ADDRESS 1803-B CALHOUN AVE
CITY-ST-ZIP PANAMA CITY FL 32405 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TR
NAME JENNINGS, ROSCOE
STREET ADDRESS 1115 LA. AVE
CITY-ST-ZIP PANAMA CITY FL 32401 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Thelma Jennings *Thelma Jennings* 1/24/02 (850) 785-5715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)