## **2003 NOT-FOR-PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9900001055

1. Entity Name :

SIGNATURE:

GOD'S SERVANTS MINISTRIES, INC.



## **FILED** Aug 07, 2003 8:00 am § Secretary of State 08-07-2003 90117 017 \*\*\*\*61.25

769-6481

Principal Place 1815 W 15TH : SUITE #18 PANAMA CITY		Mailing Address 1115 LOUISIANA AVE PANAMA CITY FL 32401				 	O 1814: BENIK ODIKI DUKI ESKIL GOL	EI ILĖTI ODTČA D	11 <b>81 8</b> 161 1 <b>88</b> 1
2. Principal Place of Business 2001 East 5th St.		3. Mailing Address						<u> </u>	
Suite, Apt.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
Panen	P 1 -\\ -\\	City & State				4. FEI Number 65	0683063	<del>-</del>	pplied For ot Applicable
3240		Zip	Count	untry		5. Certificate of Sta	Fee Require	8.75 Additional ee Required	
	6. Name and Address & Current F	Name		7. Name and Address of New Registered Agent					
JENNINGS, THELMA									
1115 LA. AVE.				Street Address (P.O. Box Number is Not Acceptable)					
	CITY FL 32401						<del></del>		
•	,	·	<u> </u>	City		<del></del>	FL	Zip Cod	ie
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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE									
FILE NOW: FEE IS \$61.25  After September 10, 2003, min will be \$236.25  9. Election Campaign Financing Trust Fund Contribution.						\$5.00 May Be Added to Fees	Make Check Florida Depart		
10.	OFFICERS AND DIR	ECTORS	11.		_		S TO OFFICERS AND DIF	RECTORS IN	
TITLE ( \$ C ) ( ) NAME	P   HARRIS, JOYCE E	☐ Delete	TITLE		ادفورا		77.	☐ Change	1 Addition
STREET ADDRESS	P.O. BOX 15906		NAME STREET		130: Wh		n Ave.		
CITY-ST-ZIP	PANAMA CITY FL 32406		CITY-ST	ص) مرد ب	Pon	· A	171. 32405		
TITLE	D	☐ Delete	TITLE	1	TR		11	Change	Addition
NAME	JENNINGS, THELMA		NAME		WA)	iter some	lun		
STREET ADDRESS CITY-ST-ZIP	1115 LA. AVE PANAMA CITY FL 32401		STREET CITY-ST	ADDRESS   i	1607	1 Founta	(L. 14, 13)	YUNC -	
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NAME	PRIDGEN, MAURICE	- Delete	NAME -		17000	LI NO _ JUNG	lun .		The state of the s
STREET ADDRESS	1802 CALHOUN AVENUE		STREET	address	رەما	Pounta	an Avy	Carrier Service	j
CITY-ST-ZIP	PANAMA CITY FL 32405		CITY-ST	r-ZIP	<u>√5</u> 9	romo C	14,71. 32	402	
TITLE	TR   Jennings, Roscoe	□ Delete	TITLE	}			ν,	☐ Change	☐ Addition
NAME STREET ADDRESS	1115 LA. AVE.		NAME STREET	ADDRESS					
CITY-ST-ZIP	PANAMA CITY FL 32401		CITY-ST						
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NAME			NAME	ĺ					1
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STREET ADDRESS				ADDRESS					
CITY-ST-ZIP			CITY-ST	T-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.									