

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002173

1. Entity Name

JOSHUA PRISON MINISTRIES, INC.



**FILED**  
**Aug 16, 2000 8:00 am**  
**Secretary of State**

08-16-2000 90008 050 \*\*\*\*61.25

Principal Place of Business

12766 HWY 441 SE  
OKEECHOBEE FL 34974

Mailing Address

12766 HWY 441 SE  
OKEECHOBEE FL 34974

2. Principal Place of Business

3. Mailing Address

P.O. Box 501

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MOORE HAVEN FL

Zip

Country

Zip

Country

33471

USA

4. FEI Number

65-0937618

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

FAIRCLOTH, RUDOLPH G  
12766 HWY 441 SE  
OKEECHOBEE FL 34974

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**  
**After September 13, 2000 min. will be \$236.25**

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 ☐ Delete  
NAME FAIRCLOTH, RUDOLPH G  
STREET ADDRESS 12766 HWY 441 SE  
CITY-ST-ZIP OKEECHOBEE FL 34974

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

TITLE D ☐ Delete  
NAME FAIRCLOTH, JULIE M  
STREET ADDRESS 12766 HWY 441 SE  
CITY-ST-ZIP OKEECHOBEE FL 34974

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

TITLE D ☐ Delete  
NAME OLIVE, KATHRYN E  
STREET ADDRESS 2736 NE 103RD AVE.  
CITY-ST-ZIP OKEECHOBEE FL 34974

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

TITLE D ☐ Delete  
NAME NELSON, RAYMOND  
STREET ADDRESS 428 CAMDEN AVE.  
CITY-ST-ZIP STUART FL 34994

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

TITLE D ☐ Delete  
NAME TAYLOR, CURTIS  
STREET ADDRESS 3324 SW HOSANNAH LANE  
CITY-ST-ZIP OKEECHOBEE FL 34974

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Rudolph G. Faircloth*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 2, 2000

Date

863-634-5620

Daytime Phone #

CR2E037 (5/00)