

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90035 025 \*\*\*\*\*61.25

**DOCUMENT # N99000002173**

1. Entity Name

**JOSHUA PRISON MINISTRIES, INC.**

Principal Place of Business

12766 HWY 441 SE  
 OKEECHOBEE FL 34974

Mailing Address

P.O. BOX 501  
 MOORE HAVEN FL 33471  
 US

2. Principal Place of Business

1307 S. Parrott Ave

3. Mailing Address

P.O. Box 1183

Suite, Apt. #, etc.

# 112

Suite, Apt. #, etc.

City & State

Okeechobee, FL

City & State

Okeechobee, FL

4. FEI Number

65-0937618

Applied For

Not Applicable

Zip

34974

Country

USA

Zip

34972

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

FAIRCLOTH, RUDOLPH G

12766 HWY 441 SE  
 OKEECHOBEE FL 34974

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1307 S. Parrott Ave

City

Okeechobee

FL

Zip Code

34974

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

*Rudolph G Faircloth*

9/10/2001

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 12, 2001, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	FAIRCLOTH, RUDOLPH G	
STREET ADDRESS	12766 HWY 441 SE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input type="checkbox"/> Delete
NAME	FAIRCLOTH, JULIE M	
STREET ADDRESS	12766 HWY 441 SE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLIVE, KATHRYN E	
STREET ADDRESS	2736 NE 103RD AVE.	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	D	<input type="checkbox"/> Delete
NAME	NELSON, RAYMOND	
STREET ADDRESS	428 CAMDEN AVE.	
CITY-ST-ZIP	STUART FL 34994	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, CURTIS	
STREET ADDRESS	3324 SW HOSANNAH LANE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
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		<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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nelson, Lourde	
STREET ADDRESS	428 Camden Ave	
CITY-ST-ZIP	Stuart, FL 34994	

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*

Sgt. C. L. 863-357-7404

CR2E037 (5/01)