

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-29-2002 90690 029 \*\*\*\*61.25

**DOCUMENT # N99000002173**

1. Entity Name

**JOSHUA PRISON MINISTRIES, INC.**

Principal Place of Business

Mailing Address

1307 S PARNETT AVE  
 #112  
 OKEECHOBEE FL 34974  
 US

P O BOX 1183  
 OKEECHOBEE FL 34972  
 US

2. Principal Place of Business

3. Mailing Address

12500 Equestrian Cir  
 Suite, Apt. #, etc.  
 207

12500 Equestrian Cir  
 Suite, Apt. #, etc.  
 # 207

City & State

City & State

Ft Myers

Ft. Myers, FL

Zip

Country

Zip

Country

FL

33907

33907

FL

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  
 1307 S PARNETT AVENUE  
 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**

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 12500 Equestrian Circle # 207  
 STREET ADDRESS Ft Myers, FL 33907  
 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 12500 Equestrian Circle # 207  
 STREET ADDRESS Ft Myers, FL 33907  
 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 NELSON, LOURDE  
 STREET ADDRESS 428 CAMDEN AVE  
 CITY-ST-ZIP STUART FL 34994

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/24/02 239-410-1295

CR2E037 (9/01)