

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002400

1. Entity Name

JEWELS MINISTRIES, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT -5 PM 2: 15

Principal Place of Business

Mailing Address

2810 JIM LEE RD.
TALLAHASSEE FL 32301

2810 JIM LEE RD.
TALLAHASSEE FL 32301



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

MCMILLIAN, EDNA
2810 JIM LEE RD.
TALLAHASSEE FL 32301

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 Delete
NAME **D**
CLEMONS, EDWIN O
STREET ADDRESS **2810 JIM LEE RD.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
CLEMONS, CYNTHIA
STREET ADDRESS **2810 JIM LEE RD.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
BELL, FREDRICK
STREET ADDRESS **2810 JIM LEE RD.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
BELL, EDNA
STREET ADDRESS **2810 JIM LEE RD.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
MCMILLIAN, EDNA
STREET ADDRESS **2810 JIM LEE RD.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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: _____

Edna M. Millian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.14.00 (850) 219-0322
Date Daytime Phone #

CR2E037 (5/00)