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03 APR 25 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # N99000002400		
1. Entity Name JEWELS MINISTRIES, INC.		
Principal Place of Business 2810 JIM LEE RD. TALLAHASSEE, FL 32301		Mailing Address 2810 JIM LEE RD. TALLAHASSEE, FL 32301
2. Principal Place of Business <i>8438 Colbert Rd</i>		3. Mailing Address <i>P.O. Box 135</i>
City & State <i>Tallahassee, FL</i>		City & State <i>Woodville, FL</i>
Zip <i>32315</i>		Country <i>USA</i>
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent McMILLIAN, EDNA 2810 JIM LEE RD. TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent
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 _____		DATE _____
FILE NOW FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		Make Check Payable to Florida Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMONS, EDWIN O 2810 JIM LEE RD. TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEMONS, CYNTHIA 2810 JIM LEE RD. TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDOLPH, ISAAC 2810 JIM LEE RD. TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McMILLIAN, EDNA 2810 JIM LEE RD. TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RANDOLPH, ALETHIA 2810 JIM LEE RD. TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Edna McMillian</i>		Date: <i>4/25/03</i> Phone: <i>219-0322</i>



CHECK HERE IF MAKING CHANGES

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