

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

FILED
Jan 07, 2003 8:00 am
Secretary of State

01-07-2003 90017 042 ****70.00

DOCUMENT # N99000003716

1. Entity Name
II CORINTHIANS MINISTRIES, INC.



Principal Place of Business

**5 N. MADISON ST.
QUINCY FL 32351**

Mailing Address

**708 W. 2ND ST.
QUINCY FL 32351**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3584210**

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**COPELAND, ROSILYN
708 W. 2ND ST.
QUINCY FL 32351**

Name

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

City

FL

Zip Code

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	COPELAND, ROSILYN	
STREET ADDRESS	708 W. 2ND ST.	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	T	<input type="checkbox"/> Delete
NAME	JACKSON, KIMBERLY	
STREET ADDRESS	52 HILLSIDE DR.	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	T	<input type="checkbox"/> Delete
NAME	WALKER, KEISKA	
STREET ADDRESS	708 W. 2ND ST.	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HENRY, PATSY	
STREET ADDRESS	52 BUCKS KN CIRCLE	
CITY-ST-ZIP	MIDWAY FL 32343	
TITLE	C	<input type="checkbox"/> Delete
NAME	VICKERS, JERRY DEACON	
STREET ADDRESS	272 PT. MILLIGAN RD	
CITY-ST-ZIP	QUINCY FL 32351	
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		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

1/6/03 875-9229

CR2E037 (10/02)