

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am  
Secretary of State

04-23-2001 90114 017 \*\*\*\*61.25

DOCUMENT # N99000005710

1. Entity Name

MILLENNIUM EVANGELISM MINISTRIES, INC.

Principal Place of Business

2036 CHARNES DRIVE  
LAKELAND FL 33813

Mailing Address

POST OFFICE BOX 5655  
LAKELAND FL 33807-5655

2. Principal Place of Business

2036 CHARNES DR.

3. Mailing Address

PO Box 5655

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LAKELAND

City & State

LAKELAND, FL

City & State

FLA

Zip

33813

Country

Polk

Zip

33807

Country

Polk

4. FEI Number

59-3594918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

OLIVER, WILLIAM C  
2036 CHARNES DRIVE  
LAKELAND FL 33813

7. Name and Address of New Registered Agent

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

TITLE PD  
NAME OLIVER, WILLIAM C  
STREET ADDRESS 2036 CHARNES DRIVE  
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE STD  
NAME OLIVER, LAVERNE H  
STREET ADDRESS 2036 CHARNES DRIVE  
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE D  
NAME JERNIGAN, LEE MARVIN  
STREET ADDRESS 534 CARIBBEAN  
CITY-ST-ZIP LAKELAND FL 33803 ☒ Delete

TITLE D  
NAME GOFF, JIM  
STREET ADDRESS 4404 S. FLORIDA AVENUE  
CITY-ST-ZIP LAKELAND FL 33813 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D  
NAME Jernigan, Lee Marvin  
STREET ADDRESS 4925 Cypress Gardens Rd  
CITY-ST-ZIP WINTER HAVEN, FL 33881 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE REQUIRED

4/6/01 863-647-4638

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)