

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007293

1. Entity Name

STREET STANDING MINISTRIES & JAMES CLAYTON MINIS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 15 AM 9:54

Principal Place of Business

Mailing Address

2809 ART MUSEUM DR., #202  
JACKSONVILLE FL 32207

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JACKSONVILLE FL 32207

2. Principal Place of Business

289 Art Museum Dr  
Suite, Apt. #, etc. #202

3. Mailing Address

P.O. Box 7011  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, FLA

City & State

TALLAHASSEE, Florida

4. FEI Number

59-3614067

Applied For

Not Applicable

Zip

32207

Country

PUVA

Zip

32314

Country

LEON

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLAYTON, JAMES  
2809 ART MUSEUM DR., #202  
JACKSONVILLE FL 32207

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 MISSIONARY JAMES CLAYTON  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

MISSIONARY JAMES CLAYTON 8/21/2000  
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 OVERSEER ☐ Delete  
NAME MISSIONARY JAMES CLAYTON  
STREET ADDRESS 2809 ART MUSEUM DR #202  
CITY-ST-ZIP JACKSONVILLE, FLA 32207

TITLE HEAD DIRECTOR ☐ Delete  
NAME DONALD R GAMBLE  
STREET ADDRESS P.O. BOX 1505  
CITY-ST-ZIP CRAWFORDVILLE, FLA 32326

TITLE DIRECTORS ☐ Delete  
NAME JIM POSEY  
STREET ADDRESS P.O. BOX 199, 3269 HWY 319  
CITY-ST-ZIP CRAWFORD FLA 32326

TITLE TREASURER ☐ Delete  
NAME DON PRISLEY  
STREET ADDRESS 1180 LANE AVE NW  
CITY-ST-ZIP JACKSONVILLE, FLA 32254

TITLE DIRECTOR ☐ Delete  
NAME DENNIS HHS  
STREET ADDRESS 23 MONTECELLO AVE  
CITY-ST-ZIP DA NACEA, FLA 32346

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME 800003393678-4  
STREET ADDRESS -09/14/00--01093--001  
CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25

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

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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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: MISSIONARY JAMES CLAYTON 8/21/2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
(904) 346-0035  
(859) 926-2507

CR2E037 (9/99)