

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90058 035 ***150.00

DOCUMENT # P96000065671

1. Entity Name

J.R. MINISTRIES, INC.

Principal Place of Business

Mailing Address

**950 CR 465
 LAKE PANASOFFKEE FL 33538**

**P.O. BOX 384
 LAKE PANASOFFKEE FL 33538**

2. Principal Place of Business

3. Mailing Address

1344 CR 482 N.

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Lake Panasoffkee Florida

Zip

Country

Zip

Country

33538

Sumter

4. FEI Number

59-2330606

Applied For

Not Applicable

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

**LAKE, JANE S
 950 CR 465
 LAKE PANASOFFKEE FL 33538**

Name **Lake Jane S**
 Street Address (P.O. Box Number is Not Acceptable)
1344 CR 482 N.

City **Lake Panasoffkee** **FL** Zip Code **33538**

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 **Jane S. Lake**

Jane S. Lake

2-5-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **LAKE, JANE S**
 CITY-ST-ZIP **POST OFFICE BOX 384 N/A
 LAKE PANASOFFKEE FL 33538**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Jane S. Lake**

Jane S. Lake

2-5-01

752-793-8515

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0515251