

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90203 044 ***150.00

DOCUMENT # P99000064778

1. Entity Name
ANNIE A. KNIGHT GLOBAL MINISTRIES, INC.

Principal Place of Business
4803 Zana Drive
2530 HIGHLAND AVENUE
FT. MYERS FL 33916 33905

Mailing Address
4803 Zana Dr.
2530 HIGHLAND AVENUE
FT. MYERS FL 33916 33905



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4803 Zana Drive
 Suite, Apt. #, etc.

3. Mailing Address
4803 Zana Drive
 Suite, Apt. #, etc.

City & State
Fort Myers, Fl.
 Zip
33905
 Country

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Fort Myers, Fl.
 Zip
33905
 Country

4. FEI Number
65-0947776

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

GREEN, WILLI W B
2530 HIGHLAND RD
FORT MYERS FL 33916

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PD KNIGHT, ANNIE A 3725 WRINKLER AVE #1311 FT MYERS FL 33711	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREEN, WILLIE B 2530 HIGHLAND AVENUE FT. MYERS FL 33916	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREEN, WILLIE T 1731 RALEIGH ST FORT MYERS FL 33916	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JACKSON, YOLANDA 4273 ELLEN AVE FORT MYERS FL 33901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, JOSEPHINE 4803 ZANA DR. FORT MYERS FL 33905	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLDEN, MILDRED 4977 SHERRY ST. FORT MYERS FL 33905	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Yolanda S. Jackson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/23/02 Daytime Phone #: (941) 826-6630

CR2E034 (9/01)