

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

2. Principal Place of Business

4803 Zana Drive

3. Mailing Address

4803 Zana Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33905

Country

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, WILLIAM 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

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, 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

TITLE **PD** ☐ Delete
NAME **KNIGHT, ANNIE A**
STREET ADDRESS **3725 WRINKLER AVE #1311**
CITY-ST-ZIP **FT MYERS FL 33711**

TITLE **VD** ☐ Delete
NAME **GREEN, WILLIE B**
STREET ADDRESS **2530 HIGHLAND AVENUE**
CITY-ST-ZIP **FT. MYERS FL 33916**

TITLE **V** ☐ Delete
NAME **GREEN, WILLIE T**
STREET ADDRESS **1731 RALEIGH ST**
CITY-ST-ZIP **FORT MYERS FL 33916**

TITLE **SD** ☐ Delete
NAME **JACKSON, YOLANDA**
STREET ADDRESS **4273 ELLEN AVE**
CITY-ST-ZIP **FORT MYERS FL 33901**

TITLE **D** ☐ Delete
NAME **GREEN, JOSEPHINE**
STREET ADDRESS **4803 ZANA DR.**
CITY-ST-ZIP **FORT MYERS FL 33905**

TITLE **D** ☐ Delete
NAME **BOLDEN, MILDRED**
STREET ADDRESS **4977 SHERRY ST.**
CITY-ST-ZIP **FORT MYERS FL 33905**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

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

4/23/02
Date

(941) 826-6630
Daytime Phone #

CR2E034 (9/01)