

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**

02-06-2001 90247 031 \*\*\*\*70.00

**DOCUMENT # N00000001198**

1. Entity Name

**JESUS IS LORD INTERNATIONAL FELLOWSHIP INC.**

Principal Place of Business

895 S. WYMORE RD., APT. 899-D  
 ALTAMONTE SPRINGS FL 32714

Mailing Address

895 S. WYMORE RD., APT. 899-D  
 ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

*895 S WYMORE Rd APT 899-D*  
 Suite, Apt. #, etc.  
*899-D*

3. Mailing Address

*895 S WYMORE Rd APT 899-D*  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

*ALTAMONTE SPRINGS FL*

Zip  
*32714*

Country

City & State

*ALTAMONTE SPRINGS FL*

Zip  
*32714*

Country

4. FEI Number

**59-3590994**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JEAN-BART, CARL**  
 895 S. WYMORE RD., APT. 899-D  
 ALTAMONTE SPRINGS FL 32714

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

*Carl Jean Bart*

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                            | <input type="checkbox"/> Delete |
| NAME           | JEAN-BART, CARL H             |                                 |
| STREET ADDRESS | 895 S. WYMORE RD., APT. 899-D |                                 |
| CITY-ST-ZIP    | ALTAMONTE SPRINGS FL 32714    |                                 |
| TITLE          | SD                            | <input type="checkbox"/> Delete |
| NAME           | JEAN-BART, MIRTHA Z           |                                 |
| STREET ADDRESS | 895 S. WYMORE RD., APT. 899-D |                                 |
| CITY-ST-ZIP    | ALTAMONTE SPRINGS FL 32714    |                                 |
| TITLE          | T                             | <input type="checkbox"/> Delete |
| NAME           | BERNARD, GLADYS               |                                 |
| STREET ADDRESS | 895 S. WYMORE RD., APT. 899-D |                                 |
| CITY-ST-ZIP    | ALTAMONTE SPRINGS FL 32714    |                                 |
| TITLE          | D                             | <input type="checkbox"/> Delete |
| NAME           | ZOE, DORENE J                 |                                 |
| STREET ADDRESS | 895 S. WYMORE RD., APT. 896-D |                                 |
| CITY-ST-ZIP    | ALTAMONTE SPRINGS FL 32714    |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

*Carl Jean Bart*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-25-01 407-849-5654*

Date Daytime Phone #

CR2E037 (10/00)