

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 21, 2002 8:00 am**  
**Secretary of State**

0094381

DOCUMENT # N00000001198

1. Entity Name

**JESUS IS LORD INTERNATIONAL FELLOWSHIP INC.**

02-21-2002 90127 001 \*\*\*\*70.00

Principal Place of Business 8955 WYMORE RD. APT. 899-D ALTAMONTE SPRINGS FL 32714	Mailing Address 8955 WYMORE RD. APT. 899-D ALTAMONTE SPRINGS FL 32714
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>825 S Wymore Rd</i>	3. Mailing Address <i>895 S Wymore Rd</i>
Suite, Apt. #, etc. <i>AT THE ACTIVITY CENTER</i>	Suite, Apt. #, etc. <i>899-D</i>

City & State <i>ALTAMONTE FL</i>	City & State <i>ALTAMONTE FL</i>	4. FEI Number <i>59-3590994</i>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32714</i>	Country <i>semrole</i>	Zip <i>32714</i>	Country <i>semindole</i>

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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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 *CARL JEAN BART*  
 Street Address (P.O. Box Number is Not Acceptable)  
*895 S WYMORE RD APT 899-D*  
 City *ALTAMONTE SPRINGS FL* Zip Code *32714*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
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
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
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

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* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-12-02 407-549-5873*

Date

Daytime Phone #

CR2E037 (9/01)