## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 03, 2002 8:00 am Secretary of State DOCUMENT # N13000 1. Entity Name 02-27-2002 90191 001 \*\*\*\*\*8.75 02-27-2002 90191 002 \*\*\*\*61.25 MERRILL ROAD COMMUNITY CHURCH AND CHRISTIAN MINI STRY CENTER, INC. Principal Place of Business Mailing Address 8300 MERRILL RD. 8300 MERRILL RD. JACKSONVILLE FL 32277 JACKSONVILLE FL 32277 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2611851 Not Applicable \$8.75 Additional Country Country Zio Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ≟Rathbun; Roger Street Address (P.O. Box Number is Not Acceptable) FORCE, EVERETT, E 8300 MERRILL RD 8300 Merrill Road 3630 BUCKSKIN TRAIL EAST 2i2299 Cayacksonville JACKSONVILLE FL 32277 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 9. Election Campaign Financing Make Check Pavable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11 (X) Change ☐ Addition 90 TITLE Delete TITLE Inman, Doris L. NAME FORCE, EVERETT EUGENE NAME STREET ADDRESS 9800 Touchton Rd. #317 STREET ADDRESS 3630 BUCKSKIN TRAIL EAST CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL Jacksonville, FL 32246 Addition VD Delete TITLE VPD Change TITLE FORCE, NAOMI C. NAME Staton, Susan NAME STREET ADDRESS STREET ADDRESS 3630 BUCKSKIN TRAIL EAST 4449 Fulton Rd. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL <u>Jacksonville, FL 32225</u> ☐ Change Addition TITLE THLE STD-Delete PLD: NAME Rathbun, Roger INMAN, DORIS L. STREET ADDRESS STREET ADDRESS 2047 UNIVERSITY BLVD. S. 211 Gorham St. CITY-ST-7/P CITY-ST-ZIP JACKSOVNILLE FL Jacksonville, FL 32226 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7P 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 fitter like empowered.

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Date

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OBCIRECTOR L. INMAL

SIGNATURE: