# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 22, 2001 8:00 am**
**Secretary of State**
05-22-2001 90059 036 ****61.75

DOCUMENT # N97000002357

1. Entity Name
The Arms of Jesus Never Close, Inc.

| Principal Place of Business | Mailing Address |
|---|---|
| 1807 Main Street<br>Jacksonville, FL 32206 | P.O. Box 13245<br>Jacksonville, FL 32206 |

U0056315

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1807 Main Street | P.O. Box 13245 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Jacksonville, FL | City & State: Jacksonville, FL |
| Zip: 32206 Country: USA | Zip: 32206 Country: USA |

4. FEI Number: 59-3331293 ☐ Applied For ☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

Duggan, Lady Phyllis
1807 Main Street
Jacksonville, FL 32206

**7. Name and Address of New Registered Agent**

Name: Phyllis Diane Pitts
Street Address (P.O. Box Number is Not Acceptable): 1807 Main Street
City: Jacksonville, FL Zip Code: 32206

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: Phyllis Diane Pitts
Signature, type 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/S/T/D<br>Duggan, Lady Phyllis<br>P.O. 13245<br>Jacksonville, FL 32206 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P/S/T/D<br>Pitts, Phyllis D<br>1807 main Street Apt#6<br>Jacksonville, Fl 32206 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DT<br>Pinkney, Veneecica<br>4614 Harbor View Drive<br>Jacksonville, FL 32208 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AP/C/T<br>Kathleen Herbert, Thd<br>7958 Renault Dr<br>Jacksonville, Fl 32244 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ST<br>Varnador, Lynn<br>1713 Seabreeze Avenue<br>Jacksonville, FL 32250 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E037 (11/00)

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:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #