

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90081 034 ****66.25

DOCUMENT # N97000002357

1. Entity Name

THE ARMS OF JESUS NEVER CLOSE, INC.

Principal Place of Business

Mailing Address

1807 MAIN STREET
 JACKSONVILLE FL 32208
 US

P.O. BOX 13245
 JACKSONVILLE FL 32208
 US

2. Principal Place of Business

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SAME

SAME

City & State

City & State

Jacksonville Fla

Jax. Fla.

Zip

Country

Zip

Country

32206

Duval

32206

Duval

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

7. Name and Address of New Registered Agent

PITTS, PHYLLIS D
 1807 MAIN STREET
 JACKSONVILLE FL 32208

Name
 SAME

Street Address (P.O. Box Number is Not Acceptable)

SAME

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

Pastor Phyllis Diane Pitts

3/18/2002

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME PSTD
 STREET ADDRESS PITTS, PHYLLIS D
 CITY-ST-ZIP 1807 MAIN STREET AP 6
 JACKSONVILLE FL 32208 ☐ Delete

TITLE
 NAME President, Steward, Treasurer ☒ Change ☐ Addition
 STREET ADDRESS Phyllis Diane Pitts
 CITY-ST-ZIP 2224 Hilltop Blvd.
 Jacksonville Fla. 32246

TITLE
 NAME ST
 STREET ADDRESS VARNADOR, LYNN
 CITY-ST-ZIP 1713 SEABREEZE AV
 JACKSONVILLE FL 32250 ☒ Delete

TITLE
 NAME Vice President Sec.
 STREET ADDRESS Karen Jane Armstrong
 CITY-ST-ZIP 1111 Appleton Dr.
 Jax Fla. ☒ Change ☐ Addition

TITLE
 NAME APCT
 STREET ADDRESS HERBERT, KATHLEEN T
 CITY-ST-ZIP 7958 RENAULT DR
 JACKSONVILLE FL 32244 ☒ Delete

TITLE
 NAME Director
 STREET ADDRESS Dwayne Curtis Pitts
 CITY-ST-ZIP 2224 Hilltop Blvd
 Jacksonville Fla. 32246 ☒ 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

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: *Pastor Phyllis D. Pitts*

3/18/02

904-726-8552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E037 (9/01)