

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000001246

FILED
Mar 04, 2002 8:00 AM
Secretary of State

Entity Name: REPAIRER OF THE BREACH CITY OF HOPE MINISTRIES, INC.

Current Principal Place of Business:

3520 LENOX AVE.
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

7819 AUSTIN ROAD
JACKSONVILLE, FL 32244

New Mailing Address:

FEI Number: 59-3401039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LATHERS, LINDA
7819 AUSTIN RD.
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LATHERS, LINDA
Address: 7819 AUSTIN RD.
City-St-Zip: JACKSONVILLE, FL 32244

Title: VPD () Delete
Name: THOMPSON, LUCIOUS
Address: 7819 AUSTIN RD.
City-St-Zip: JACKSONVILLE, FL 32244

Title: SD () Delete
Name: LAWSON, ERNESTINE
Address: 7880 LANCIA ST
City-St-Zip: JACKSONVILLE, FL 32244

Title: T () Delete
Name: LAWSON, JOHN
Address: 7880 LANCIA ST
City-St-Zip: JACKSONVILLE, FL 32244

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD () Change (X) Addition
Name: LATHERS, TONY I
Address: 7819 AUSTIN RD
City-St-Zip: JACKSONVILLE, FL 32244

Title: AD () Change (X) Addition
Name: JETER, LANCE R DR
Address: 8050 103RD ST #M4
City-St-Zip: JACKSONVILLE, FL 32210

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA LATHERS

PD

03/04/2002

Electronic Signature of Signing Officer or Director

Date