

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003982

1. Entity Name

MISSION OF LOVE MINISTRIES OF JACKSONVILLE, INCO

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90024 012 ****70.00

Principal Place of Business

Mailing Address

6850 CHAMPLAIN ROAD
 JACKSONVILLE FL 32208

6850 CHAMPLAIN ROAD
 JACKSONVILLE FL 32208-2419

A0033939



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3587729

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCOLLORS, WAYNE
 6850 CHAMPLAIN ROAD
 JACKSONVILLE FL 32208

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES 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 PD Delete
 NAME MCCOLLORS, ROSANNA J
 STREET ADDRESS 6850 CHAMPLAIN ROAD
 CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD Delete
 NAME STEPHENS, GERTRUDE A
 STREET ADDRESS 6934 CARTIER CIR.
 CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME MCGRUFF, BARBARA
 STREET ADDRESS 3546 CLYDE DRIVE
 CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME MOORE, DEBORAH
 STREET ADDRESS 6850 CHAMPLAIN ROAD
 CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE Treasurer Change Addition
 NAME Charles W. Jones
 STREET ADDRESS 5601 California Ave. Apt. 1004
 CITY-ST-ZIP Jacksonville Fl. 32244

TITLE SD Delete
 NAME RANDOLPH, KELDA K
 STREET ADDRESS 2023 W. 6TH ST., #1
 CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE Secretary Change Addition
 NAME Sheila T. Upson
 STREET ADDRESS 2679 Lowell Ave.
 CITY-ST-ZIP Jacksonville FL. 32209

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 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 other like empowered.

SIGNATURE: *Rosanna J. McCollors*
 Rosanna J. McCollors
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00 (904) 768-8156
 Date Daytime Phone #

CR2E037 (9/99)