

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90189 006 \*\*\*\*70.00

**DOCUMENT # N99000003982**

1. Entity Name

**MISSION OF LOVE MINISTRIES OF JACKSONVILLE, INCO**

Principal Place of Business

Mailing Address

6850 CHAMPLAIN ROAD  
 JACKSONVILLE FL 32208

6850 CHAMPLAIN ROAD  
 JACKSONVILLE FL 32208

000003982

2. Principal Place of Business

*4059 St. Augustine Road*

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
*Jacksonville, Florida*

City & State

4. FEI Number **59-3587729**

Applied For  
 Not Applicable

Zip  
*32207*

Country  
*Duval*

Zip

Country

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

**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:  
 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 PD  
 NAME MCCOLLORS, ROSANNA J  Delete  
 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 *Deborah L. Moore*  
 STREET ADDRESS *6850 Champlain Road*  
 CITY-ST-ZIP *Jacksonville, FL 32208*

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE T  Delete  
 NAME JONES, CHARLE W  
 STREET ADDRESS 5601 CALIFORNIA AVE #1004  
 CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE S  Delete  
 NAME UPSON, SHEILA T  
 STREET ADDRESS 2679 LOWELL AVE  
 CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 - P** (904) 768-8156

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/00)