


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90178 041 ****70.00

DOCUMENT # N99000003982

1. Entity Name
MISSION OF LOVE MINISTRIES OF JACKSONVILLE, INCORPORATED



Principal Place of Business
**4059 ST AUGUSTINE ROAD
JACKSONVILLE FL 32207**

Mailing Address
**6850 CHAMPLAIN ROAD
JACKSONVILLE FL 32208**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3587729** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCOLLORS, WAYNE
6850 CHAMPLAIN ROAD
JACKSONVILLE FL 32208**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCCOLLORS, ROSANNA J	
STREET ADDRESS	6850 CHAMPLAIN ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MOORE, DEBORAH L	
STREET ADDRESS	6850 CHAMPLAIN ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHANNON, MARGIE	
STREET ADDRESS	12233 PLUM BRIDGE LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JONES, CHARLE W	
STREET ADDRESS	5601 CALIFORNIA AVE #1004	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	S	<input type="checkbox"/> Delete
NAME	UPSON, SHEILA T	
STREET ADDRESS	2679 LOWELL AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 4/2/03 (904) 768-8156**

CR2E037 (10/02)