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

## DOCUMENT # **N9900003982**

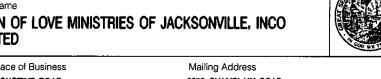
1. Entity Name

O WE THE

Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90178 041 \*\*\*\*70.00

**FILED** 

MISSION OF RPORATED	LOVE MINISTRIES	S OF JACKSONVILLE	, INCO



i inicipali lac	ce of Business	Mailing Address			•				
4059 ST AUGI JACKSONVILLI		6850 CHAMPLAIN ROAD JACKSONVILLE FL 32208							
Principal Place of Business     3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & Star	te	City & State	City & State		J9 3301129			oplied For	
Zip	Country	Zip	Zip Cou		5. Certificate of Status Desired		Not Applicable  **S8.75 Additional Fee Required**		
-	6. Name and Address of Current	Registered Agent			7."Name and Add	ess of New Registered			
	Name					ood of trouverographo	rigeni · · · · ·		
MCCOU	ORS, WAYNE								
	AMPLAIN ROAD			Street Address	(P.O. Box Number is N	ot Acceptable)			
	NVILLE FL 32208					•			
0,10,100	14 -		City			FI	Zip Cod	e	
	named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	ed office or registe	ered agent, or both, in t	he State of Florida. I am	n familiar with,	and accept	
SIGNATORE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered	Agent signature require	ed when reinstating)	DATE			
FILE NOW: FEE IS \$61.25  9. Election Camp Trust Fund Co		. •	- 40:00 (via) De						
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHANGE	S TO OFFICERS AND D	IRECTORS IN	10	
TITLE	PD	☐ Delete	TITLE				☐ Change	Addition	
NAME	MCCOLLORS, ROSANNA J	_ 53,8,3	NAME	:			_ •		
STREET ADDRESS	6850 CHAMPLAIN ROAD		STREE	ET ADDRESS				Į	
CITY-ST-ZIP	JACKSONVILLE FL 32208		CITY-	ST-ZIP					
TITLE	VD	☐ Delete	TITLE				Change	☐ Addition	
NAME	MOORE, DEBORAH L		NAME	:					
STREET ADDRESS	6850 CHAMPLAIN ROAD			ET ADDRESS				1	
CITY-ST-ZIP	JACKSONVILLE FL 32208		CITY-	ST-ZIP					
TITLE	D	☐ Delete	TITLE	عاسي معيهاي حميما	on pagaganagan <u>.</u>	···	Change	☐ Addition	
NAME &	SHANNON, MARGIE		NAME	i	_				
STREET ADDRESS CITY-ST-ZIP	12233 PLUM BRIDGE LANE			ET ADDRESS ST-ZIP					
	JACKSONVILLE FL 32218		-						
TITLE	JONES, CHARLE W	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME STREET ADDRESS	5601 CALIFORNIA AVE #1004		NAME	T ADDRESS				ł	
CITY-ST-ZIP	JACKSONVILLE FL 32244			ST-ZIP					
TITLE	S	□ Delete	TITLE	· -		<del>.</del>	☐ Change	☐ Addition	
NAME	UPSON, SHEILA T	LLI Delete	NAME				C. Cusuge	☐ Addition	
STREET ADDRESS	2679 LOWELL AVE			T ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32209			ST-ZIP				. ]	
TITLE		☐ Delete	TITLE				☐ Change	Addition	
NAME			NAME						
STREET ADDRESS		<b>a.</b>		T ADDRESS					
CITY-ST-ZIP			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:**