

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 08:00 AM
Secretary of State

DOCUMENT # N99000005902

1. Entity Name
 THE JOBS PARTNERSHP OF FLORIDA, INC.

Principal Place of Business MT. PLEASANT MSSIONARY BAPTIST CHURCH 4077 PRINCE HALL BLVD ORLANDO FL 32811	Mailing Address MT. PLEASANT MSSIONARY BAPTIST CHURCH 4077 PRINCE HALL BLVD ORLANDO FL 32811
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2. Principal Place of Business 75 SOUTH IVANHOE BOULEVARD	3. Mailing Address PO BOX 941067
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State ORLANDO FL	City & State MAITLAND FL
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Zip 32804	Country US	Zip 32794	Country US
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4. FEI Number 59-3612893	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MATHIS JACINTA M
 20 N ORANGE AVE
 SUITE 1400
 ORLANDO FL 32801 US

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.

SIGNATURE _____ DATE **03/08/2001**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOYA JOSE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1600 NORTH CHICKASAW TRAIL ORLANDO FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON SYLVESTER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 464 LANCERS DRIVE WINTER SPRINGS FL 32708
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STANAKIS MARC <input type="checkbox"/> Change <input type="checkbox"/> Addition 2140 DYAN WAY MAITLAND FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAHILL PAUL <input type="checkbox"/> Change <input type="checkbox"/> Addition 932 VERSAILES CIR MAITLAND FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRINCE WALTER RDR <input type="checkbox"/> Change <input type="checkbox"/> Addition 4077 PRINCE HALL BLVD ORLANDO FL 32811
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Marc Stanakis D **03/08/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)