

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001891

**Entity Name:** ONE MORE CHANCE MINISTRY INC.

**Current Principal Place of Business:**

1385 FRANKLIN ST  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

1385 FRANKLIN ST  
JACKSONVILLE, FL 32206

**FEI Number: 80-0847377**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

MOBLEY, CECIL L BISHOP  
1385 FRANKLIN STREET  
JACKSONVILLE, FL 32206 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name MOBLEY, CECIL LPASTOR  
Address 11884 CHERRY BARK CT.  
City-State-Zip: JACKSONVILLE FL 32218

Title DEACONESS  
Name LOVETT-HALL, ROSALYN  
Address 3027 LOWELL AVE  
City-State-Zip: JACKSONVILLE FL 32254

Title TRUS  
Name MOBLEY, RENA  
Address 8383 CONCORD BLVD WEST  
City-State-Zip: JACKSONVILLE FL 32208

Title DEACON  
Name DENNIS, WILLIE F  
Address 11587 SUMMER TREE RD. N.  
City-State-Zip: JACKSONVILLE FL 32246

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: RENA MOBLEY**

**TRUSTEE**

**09/19/2016**

Electronic Signature of Signing Officer/Director Detail

Date