

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763124

1. Entity Name

WORD OF LIFE MINISTRIES AT JAX, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90372 001 ****70.00

Principal Place of Business

Mailing Address

4673 HUNT STREET
P.O. BOX 43676
JACKSONVILLE FL 32203-0676

4673 HUNT STREET
P.O. BOX 43676
JACKSONVILLE FL 32203-3676

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3107254

Applied For

Not Applicable

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

DORTCH, EVA F.
3844 BOLT AVENUE
JACKSONVILLE FL 32207

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	P	<input type="checkbox"/> Delete
NAME	NESMITH, CLIFFORD	
STREET ADDRESS	4846 CHURCHILL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	NESMITH, ANNIE BELL	
STREET ADDRESS	4846 CHURCHILL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	DORTCH, EVA F	
STREET ADDRESS	3844 BOLT AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NESMITH, CLIFFORD	
STREET ADDRESS	4846 CHURCHILL DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NESMITH, ANNIE BELLE	
STREET ADDRESS	4846 CHURCHILL DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NESMITH, CAROLE LYNN	
STREET ADDRESS	2931 STONEMONT ST #23	
CITY-ST-ZIP	JACKSONVILLE FL	

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)(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:

Eva F. Dortch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-20-00

Daytime Phone #

(904) 388-6737

CR2E037 (9/99)