

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90219 031 ****61.25

DOCUMENT # 770432

1. Entity Name

NEVERTHELESS... MINISTRIES INC.

Principal Place of Business

1700 S. SAN PABLO RD.
 APT. 417
 JACKSONVILLE, FL 32224
 US

Mailing Address

1700 S. SAN PABLO RD.
 APT. 417
 JACKSONVILLE FL 32224
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2337080

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HOLMAN, DEBORAH E
1700 S. SAN PABLO RD.
APT. 417
JACKSONVILLE FL 32224

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

Deborah E. Holman, Deborah E. Holman,

4-30-02

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	STD	<input checked="" type="checkbox"/> Delete
NAME	ZINK, PAUL D	
STREET ADDRESS	2701 HODGES BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HOLMAN, DEBORAH E	
STREET ADDRESS	1700 S. SAN PABLO RD #417	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MORRIS, ROCKWELL	
STREET ADDRESS	1755 LOQUAT LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICKI CHASTANG	
STREET ADDRESS	11760 MARCO BEACH DR, STE. 10	
CITY-ST-ZIP	JACKSONVILLE, FL 32224	
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		
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		

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: *Deborah E. Holman, Deborah E. Holman, Pres.* 4/30/02 904-996-8777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)