

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-22-2002 90228 038 ****50.00

DOCUMENT # L01000014519

1. Entity Name

CENTER FOR CHRISTIAN CONCILIATION, LLC

Principal Place of Business

Mailing Address

WALNUT BEND EXECUTIVE CENTER
 4231 WALNUT BEND ROAD, SUITE 1-A
 JACKSONVILLE FL 32287

WALNUT BEND EXECUTIVE CENTER
 4231 WALNUT BEND ROAD, SUITE 1-A
 JACKSONVILLE FL 32287

86757

2. Principal Place of Business

3. Mailing Address

4231 Walnut Bend Rd

4231 Walnut Bend Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1-A

Suite 1-A

City & State

City & State

Jacksonville, FL

Jacksonville, FL

Zip

Zip

Country

Country

32257

Deval

32257

Deval



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3139569

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HILL, CARLA C
 WALNUT BEND EXECUTIVE CENTER
 4231 WALNUT BEND ROAD, SUITE 1-A
 JACKSONVILLE FL 32287

Name Carla C. Hill

Street Address (P.O. Box Number is Not Acceptable)

Walnut Bend Executive Center

4231 Walnut Bend Rd.

City Jacksonville

FL

Zip Code

32257

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

Carla C. Hill

Carla C. Hill

4/15/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE Director
 NAME Carla C. Hill
 STREET ADDRESS 9923 Blakeford Mill Rd.
 CITY-ST-ZIP Jacksonville, FL 32256

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Director
 NAME Jim C. Helfrich (James)
 STREET ADDRESS 814 Alhambra Dr. S.
 CITY-ST-ZIP Jacksonville, FL 32207

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Director
 NAME Nancy C. Murray
 STREET ADDRESS 2945 Forest Circle
 CITY-ST-ZIP Jacksonville, FL 32257

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE
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 STREET ADDRESS
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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Carla C. Hill

Carla C. Hill

4/15/02

288-5533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone

CR2E083 (9/01)