

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/21

**FILED**  
**May 17, 2001 8:00 am**  
**Secretary of State**

04-26-2001 90272 010 \*\*\*\*61.25

**DOCUMENT # N00000000811**

1. Entity Name

**THE SPIRIT OF THE LORD MINISTRY CHURCH, INC.**

Principal Place of Business

Mailing Address

2514 VAN GUNDY ROAD  
 JACKSONVILLE FL 32208

2514 VAN GUNDY ROAD  
 JACKSONVILLE FL 32208

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

59-3624866

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

Name

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

City

FL

Zip Code

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

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	PTD	<input type="checkbox"/> Delete
NAME	MOSELY, BEN JR	
STREET ADDRESS	2514 VAN GUNDY ROAD	
CITY - ST - ZIP	JACKSONVILLE FL 32208	
TITLE	SVD	<input type="checkbox"/> Delete
NAME	MOSELY, CYNTHIA	
STREET ADDRESS	2514 VAN GUNDY ROAD	
CITY - ST - ZIP	JACKSONVILLE FL 32208	
TITLE	(Director)	<input type="checkbox"/> Delete
NAME	Travis T. Mosely	
STREET ADDRESS	2514 Van Gundy Rd.	
CITY - ST - ZIP	Jacksonville, FL 32208	
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	<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	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Ben Mosely, Jr. Pres. of Church*

04/20/01 (904) 766-3434

CR2E037 (10/00)