

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90969 020 ****61.25

DOCUMENT # N00000000811

1. Entity Name

THE SPIRIT OF THE LORD MINISTRY CHURCH, INC.



Principal Place of Business

**2514 VAN GUNDY ROAD
JACKSONVILLE FL 32208**

Mailing Address

**2514 VAN GUNDY ROAD
JACKSONVILLE FL 32208**

2. Principal Place of Business

1989 Erline Drive

3. Mailing Address

P.O. Box 43233

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Jacksonville, Florida

Jacksonville, Florida

City & State

City & State



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3624866**

Applied For

Not Applicable

32209

Country

Duval

32203-3233

Country

Duval

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ Delete
NAME **MOSELY, BEN JR**
STREET ADDRESS **2514 VAN GUNDY ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **SVD** ☐ Delete
NAME **MOSELY, CYNTHIA**
STREET ADDRESS **2514 VAN GUNDY ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **D** ☐ Delete
NAME **MOSELY, TRAVIS T**
STREET ADDRESS **2514 VAN GUNDY RD**
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PTD** ☒ Change ☐ Addition
NAME **Mosely, Ben Jr.**
STREET ADDRESS **1989 Erline Dr.**
CITY-ST-ZIP **Jacksonville, FL 32209**

TITLE **SVD** ☒ Change ☐ Addition
NAME **Mosely, Cynthia**
STREET ADDRESS **1989 Erline Dr.**
CITY-ST-ZIP **Jacksonville, FL 32209**

TITLE **D** ☒ Change ☐ Addition
NAME **Mosely, Travis T.**
STREET ADDRESS **1989 Erline Dr.**
CITY-ST-ZIP **Jacksonville, FL 32209**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **Ben Mosely**

04/28/03 (904) 374-4714

CR2E037 (10/02)