

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 23, 2001 8:00 am
Secretary of State

04-26-2001 90245 033 ****75.00

DOCUMENT # N00000000896.

1. Entity Name

JESUS IS LORD CHILDREN CHRISTIAN MINISTRY INC.

Principal Place of Business

Mailing Address

2408 HERMOSA DRIVE
 TAMPA FL 33619

2408 HERMOSA DRIVE
 TAMPA FL 33619

2. Principal Place of Business

2408 HERMOSA DR.

3. Mailing Address

2408 HERMOSA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

N/A

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

Zip

33619

Country

U.S.A.

Zip

33619

Country

U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMMONS, ARNOLD
 2408 HERMOSA DRIVE
 TAMPA FL 33619

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

Arnold Simmons

Arnold Simmons

4/20/01

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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	Arnold Simmons	
STREET ADDRESS	2408 Hermosa DR. TAMPA, FL	
CITY-ST-ZIP	33619	
TITLE	VICE President	<input type="checkbox"/> Delete
NAME	Antonio Dean Carswell	
STREET ADDRESS	3816 N. 55th ST	
CITY-ST-ZIP	TAMPA, FL. 33619	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	Rowena Alexander	
STREET ADDRESS	4207 WALIS PLACE	
CITY-ST-ZIP	TAMPA, FL. 33610	
TITLE	Children Director	<input type="checkbox"/> Delete
NAME	Regina Roberts	
STREET ADDRESS	3912 E. Henry	
CITY-ST-ZIP	TAMPA, FL. 33610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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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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:

Arnold Simmons

Arnold Simmons

PRESIDENT

4/20/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)