

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91750 045 \*\*\*\*70.00

**DOCUMENT # N000000000896**

1. Entity Name

**JESUS IS LORD CHILDREN CHRISTIAN MINISTRY INC.**

Principal Place of Business

**2408 HERMOSA DRIVE  
TAMPA FL 33619**

Mailing Address

**2408 HERMOSA DRIVE  
TAMPA FL 33619**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**5-28-02**

**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 **PD** ☐ Delete  
NAME **SIMMONS, ARNOLD**  
STREET ADDRESS **2408 HERMOSA DRIVE**  
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **VPD** ☐ Change ☒ Addition  
NAME **Willie Alexander**  
STREET ADDRESS **4207 Willis Place**  
CITY-ST-ZIP **TAMPA, FL. 33610**

TITLE **VPD** ☐ Delete  
NAME **CARSWELL, ANTONIO D**  
STREET ADDRESS **3816 N 55TH STREET**  
CITY-ST-ZIP **TAMPA FL 33619**

TITLE **CDD** ☐ Change ☒ Addition  
NAME **Cora Carswell**  
STREET ADDRESS **2408 Hermosa Drive**  
CITY-ST-ZIP **TAMPA, FL. 33619**

TITLE **SD** ☐ Delete  
NAME **ALEXANDER, ROWENA**  
STREET ADDRESS **4207 WALLIS PLACE**  
CITY-ST-ZIP **TAMPA FL 33610**

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

TITLE **CDD** ☐ Delete  
NAME **REGINA CARSWELL**  
STREET ADDRESS **3912 E HENRY**  
CITY-ST-ZIP **TAMPA FL 33610**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-24-02**

CR#E037 (9/01)

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

DOCUMENT # NO0000000896

1. Entity Name

JESUS IS LORD Children Christian ministry Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25**  
**Initial or Amended UBR**

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 NAME STREET ADDRESS CITY-ST-ZIP	<u>Simmons, ARNOLD PD.</u> <u>2408 Hermosa DR.</u> <u>TAMPA, FL. 33619</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>UPD</u> <u>CARSWELL, Antonio D.</u> <u>3816 N. 55th St.</u> <u>TAMPA, FL. 33610</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>CDD</u> <u>Regina CARSWELL</u> <u>3912 E. Henry</u> <u>Tampa, FL. 33610</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S.D.</u> <u>Rowena Alexander</u> <u>4202 Willis</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Willie Alexander VPD Add.</u> <u>4207 Willis Place</u> <u>TAMPA, FL. 33610</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>CDD</u> <u>CORA CARSWELL</u> <u>2408 Hermosa DR.</u> <u>TAMPA, FL. 33619.</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Arnold Simmons

4-30-02