

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000001941

1. Entity Name

TRUE BELIEVERS CHURCH INC.

Principal Place of Business

3247 LANSDELL DR
JACKSONVILLE FL 32208

Mailing Address

3247 LANSDELL DR
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

59-3644284

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, SAPRINA
1402 HARPER ST
JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name CARLET R. WELLS
Street Address (P.O. Box Number is Not Acceptable)
944 STARK ST.

City JACKSONVILLE FL Zip Code 32208

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

CARLET R. WELLS

01/07/01

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 S ☒ Delete
NAME SAPRINA WILLIAMS
STREET ADDRESS 1402 HARPER ST.
CITY-ST-ZIP JACKSONVILLE, FL. 32204

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 P/D ☒ Change ☒ Addition
NAME ELIJAH GELSEY SR.
STREET ADDRESS 3247 LANSDELL DR.
CITY-ST-ZIP JACKSONVILLE, FL. 32208

TITLE T/D ☐ Change ☒ Addition
NAME JACQUELINE L. GELSEY
STREET ADDRESS 3247 LANSDELL DR.
CITY-ST-ZIP JACKSONVILLE, FL. 32208

TITLE S/D ☒ Change ☐ Addition
NAME CARLET R. WELLS
STREET ADDRESS 944 STARK ST.
CITY-ST-ZIP JACKSONVILLE, FL. 32208

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)(b), 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:

ELIJAH GELSEY SR.

01/07/01 (904) 768-5237

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

11270

FILED
01 FEB 16 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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*****70.00 *****70.00

FEB 16 2001