

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

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90215 009 \*\*\*\*70.00

**DOCUMENT # N00000002595**

**1. Entity Name**  
**MANAS'SEH CHRISTIAN MINISTRIES, INC.**



**Principal Place of Business**  
**1464 RAVEN DR. S.**  
**JACKSONVILLE FL 32218**

**Mailing Address**  
**P.O. BOX 77578**  
**JACKSONVILLE FL 32218**

**11015742**



☐ CHECK HERE IF MAKING CHANGES

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number 59-3639902**

Applied For

Not Applicable

Zip

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**

**ANDERSON, SANDRA G**  
**1464 RAVEN DR. S.**  
**JACKSONVILLE FL 32218**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

**TITLE** **DP** ☐ Delete  
**NAME** **ANDERSON, SANDRA G**  
**STREET ADDRESS** **1464 RAVE DRIVE SOUTH**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32218**

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

**TITLE** **DST** ☐ Delete  
**NAME** **BROWN, LAYERN D**  
**STREET ADDRESS** **12888 N. HAVERFORD ROAD #8**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32218**

**TITLE** ☒ Change ☐ Addition  
**NAME**  
**STREET ADDRESS** **4836 Mississippi Ct**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32209**

**TITLE** **DVP** ☐ Delete  
**NAME** **ANDERSON, PATRICK T**  
**STREET ADDRESS** **1464 RAVEN DRIVE SOUTH**  
**CITY-ST-ZIP** **JACKSONVILLE FL 32218**

**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**

**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:** *Sandra G. Anderson* **01/01/03 904-751-4480**

CR2E037 (10/02)