

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2001 8:00 am
Secretary of State

09-12-2001 90018 045 ****62.00

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DOCUMENT # N00000003715

1. Entity Name

THE BLOOD REMISSION MINISTRY IN JESUS' NAME, INC

LA

Principal Place of Business

Mailing Address

**301 MAGNOLIA STREET
 ALTAMONTE SPRINGS FL 32701**

**PO BOX 150554
 ALTAMONTE SPRINGS FL 32715**

2. Principal Place of Business

5214 SATEL DR.

3. Mailing Address

P O BOX 150-554

%Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL.

City & State

ALTAMONTE SPGS, FL.

Zip 32810

Country

ORANGE

Zip 32715

Country

SEMINOLE

4. FEI Number **59-3653453**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MC#SE, SHERMAN
 301 MAGNOLIA STREET
 ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent

Name **BISHOP SHERMAN MORSE**

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

301 MAGNOLIA ST

City **ALTAMONTE SPRINGS**

FL

Zip Code **32701**

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 *Bishop Sherman Morse*

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

(NOTE: Registered Agent signature required when reinstating)

Sept 1-01

DATE

**FILE NOW: FEE IS \$61.25
 After September 12, 2001, min. will be \$236.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MORSE, SHERMAN 301 MAGNOLIA STREET ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BROWN, ROBERT 2028 W. CENTRAL ST. ORLANDO FL 32805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORSE, KINNIS 1014 WILLIAMS STREET ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAYSON, LARRY 7104 FOREST CITY ROAD ORLANDO FL 32810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD. SHERMAN MORSE 301 MAGNOLIA ST ALTAMONTE SPRINGS FL, 32701	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD. EILLIE M. REED 731 DEPUGH ST. WINTER PARK FL. 32709	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD. AUBREY A REED 731 DEPUGH ST WINTER PARK FL 32709	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD. IR. SATE BISHOP ROBERT C. BROWN 2028 central BLV APT 111 ORLANDO FL. 32805	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Bishop Sherman Morse*

Sept 1-01 407-830-6838

CR2F037 (5/01)