

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *N 0000000 4144*

1. Entity Name

*The Jesus Foundation, Inc.*

Principal Place of Business

Mailing Address

*13807 Edison Ave. N.  
Tampa, FL 33613-2013*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

EIN#

4. FEI Number

*59-3705026*

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**REINSTATEMENT**

*02-03*

FILED

03 JUL 28 AM 8:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*Laila A. Helt*

*6/2/03*

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<i>Director - Secretary</i>	<input checked="" type="checkbox"/> Delete
NAME	<i>Donald Pippin, Jr.</i>	
STREET ADDRESS	<i>1505 Pine Lake Dr. Tampa, FL</i>	
CITY-ST-ZIP	<i>33613-4022</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>President &amp; Treasurer</i>	<input type="checkbox"/> Delete
NAME	<i>Laila A. Helt</i>	
STREET ADDRESS	<i>13807 Edison Ave. N.</i>	
CITY-ST-ZIP	<i>Tampa, FL 33613-2013</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>Vice-President</i>	<input type="checkbox"/> Delete
NAME	<i>Charles T. Helt, Jr.</i>	
STREET ADDRESS	<i>13807 Edison Ave. N.</i>	
CITY-ST-ZIP	<i>Tampa, FL 33613-2013</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<i>Director - Secretary</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Russ Montgomery</i>	
STREET ADDRESS	<i>807 Ambassador Loop</i>	
CITY-ST-ZIP	<i>Tampa, FL 33613-2013</i>	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**400020514524**  
06/04/03--01035--017 \*\*297.55

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:

*Laila A. Helt*

*5/13/03 (813) 960-2093*

CR2E037 (5/01)