

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

04-30-2001 90367 006 ****61.25

DOCUMENT # N00000004232

1. Entity Name

RIGHTEOUSNESS, PEACE & JOY MINISTRIES INTERNATIONAL

Principal Place of Business

Mailing Address

3501 TOWNSEND BLVD. #190
 JACKSONVILLE FL 32277

3501 TOWNSEND BLVD. #190
 JACKSONVILLE FL 32277

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

59-31054506

Applied For

Not Applicable

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

GIST, CHERYL D
 3501 TOWNSEND BLVD, #190
 JACKSONVILLE FL 32277

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

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

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PD
 GIST, CHERYL C
 3501 TOWNSEND BLVD, #190
 JACKSONVILLE FL 32277

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

SD
 COLLIER, MITZI D
 6603 ECTOR PLACE
 JACKSONVILLE FL 32211

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TD
 MCCLENDON, MARY C
 11165 WINDY OAKS DRIVE NORTH
 JACKSONVILLE FL 32225

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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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

Cheryl D. Gist Cheryl D. Gist

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/01 (904) 744-4849

Daytime Phone #

CR2E037 (10/00)