

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 30, 2002 8:00 am
Secretary of State

05-30-2002 91603 018 ****61.25

DOCUMENT # 1000000004232 ✓
1. Entity Name
Righteousness, Peace & Joy Ministries Int., Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11165 Windy Oaks Dr. N.
Suite, Apt. #, etc.

3. Mailing Address
Post Office Box 8501
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE FLORIDA

City & State
JACKSONVILLE, FLORIDA

4. FEI Number
59-3654506

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip
32225

Country
DUVAL

Zip
32239

Country
DUVAL

Applied For
☐ Not Applicable

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Cheryl D. Gist

Street Address (P.O. Box Number is Not Acceptable)
11165 Windy Oaks Dr. N.

City
JACKSONVILLE, FL Zip Code
32225

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 _____

**FEE IS \$61.25
Initial or Amended UBR**

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	<u>P</u> <u>Cheryl C. Gist</u> <u>11165 Windy Oaks Dr. N.</u> <u>JACKSONVILLE, FL 32225</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>S/T</u> <u>Mitzi Collier</u> <u>6605 Ector Place</u> <u>JACKSONVILLE, FL 32211</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T</u> <u>DIANE GRANT</u> <u>5523 Cabot Dr. N.</u> <u>JACKSONVILLE, FL 32244</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>T</u> <u>Star Powell</u> <u>1949 Oak Water Dr.</u> <u>JACKSONVILLE, FL 32225</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: Cheryl D. Gist Cheryl D. Gist 4/28/02 (904)645-5263

CR2E037B (12/01)