

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # N00000004649****1. Entity Name**
ST. FRANCIS MINISTRIES, INC.

| | |
|--|--|
| Principal Place of Business 11250 OLD ST AUGUSTINE RD, SUITE 15-162 JACKSONVILLE FL 32257 | Mailing Address 11250 OLD ST AUGUSTINE RD, SUITE 15-162 JACKSONVILLE FL 32257 |
|--|--|

| | |
|---|--|
| 2. Principal Place of Business 10759 LOSCO JUNCTION DRIVE | 3. Mailing Address 11250 OLD ST AUGUSTINE RD |
|---|--|

| | |
|----------------------------|--|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. SUITE 15-162 |
|----------------------------|--|

| | |
|--|--|
| City & State JACKSONVILLE FL | City & State JACKSONVILLE FL |
|--|--|

| | | | |
|---------------------|----------------------|---------------------|----------------------|
| Zip 32257 | Country US | Zip 32257 | Country US |
|---------------------|----------------------|---------------------|----------------------|

| | |
|----------------------|--|
| 4. FEI Number | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
|----------------------|--|

| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HARTWELL WYLIE N
11250 OLD ST AUGUSTINE RD, SUITE 15-162

JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

| |
|---|
| Name HARTWELL WYLIE N |
| Street Address (P.O. Box Number is Not Acceptable) 10759 LOSCO JUNCTION DRIVE |
| City JACKSONVILLE FL |
| Zip Code 32257 |

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 WYLIE N. HARTWELL****08/01/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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**

| | |
|---|--|
| TITLE STD | <input type="checkbox"/> Delete |
| NAME HARTWELL WYLIE N | |
| STREET ADDRESS 10759 LOSCO JUNCTION DR | |
| CITY-ST-ZIP JACKSONVILLE FL 32257 | |
| TITLE VD | <input type="checkbox"/> Delete |
| NAME WILCOXEN DEREK C | |
| STREET ADDRESS 8880 OLD KINGS RD #15W | |
| CITY-ST-ZIP JACKSONVILLE FL 32219 | |
| TITLE PD | <input type="checkbox"/> Delete |
| NAME MALL JEFFREY | |
| STREET ADDRESS 5000 SAN JOSE BLVD, #202 | |
| CITY-ST-ZIP JACKSONVILLE FL 32207 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|--|--|
| TITLE STD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HARTWELL WYLIE N | |
| STREET ADDRESS 10759 LOSCO JUNCTION DR | |
| CITY-ST-ZIP JACKSONVILLE FL 32257 | |
| TITLE VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME WILCOXEN DEREK C | |
| STREET ADDRESS 8880 OLD KINGS RD #15W | |
| CITY-ST-ZIP JACKSONVILLE FL 32219 | |
| TITLE PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MALL JEFFREY J | |
| STREET ADDRESS 9460 PICKWICK DRIVE | |
| CITY-ST-ZIP JACKSONVILLE FL 32207 | |
| 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 | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Wylie N. Hartwell STD 08/01/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Filing Fee #

CR2E037 (11/00)