

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006050

1. Entity Name

JEHOVAH JIREH CHRISTIAN MISSION OF MERCY INCORPO

Principal Place of Business

Mailing Address

1600 W. LAKE PARKER DR. C-7
LAKELAND FL 33805

1600 W. LAKE PARKER DR.
LAKELAND FL 33805

2. Principal Place of Business

1600 W. LAKE PARKER DR.

3. Mailing Address

SAME

Suite, Apt. #, etc.

C-7

Suite, Apt. #, etc.

SAME

City & State

LAKELAND FL

City & State

SAME

Zip

33805

Country

USA

Zip

Country

4. FEI Number

59-3676390

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

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

Edward A. Black EDWARD A. BLACK

1-08-01

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D - RA ☐ Delete
NAME BLACK, EDWARD A SR.
STREET ADDRESS 1600 W. LAKE PARKER DR. C-7
CITY-ST-ZIP LAKELAND FL 33805

TITLE ☐ Change ☐ Addition
NAME NO
STREET ADDRESS
CITY-ST-ZIP

TITLE D - P ☐ Delete
NAME BLACK, EDWARD JR.
STREET ADDRESS 725 EMERALD
CITY-ST-ZIP BROOMFIELD CO 80020

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D - T ☐ Delete
NAME BLACK, JANET
STREET ADDRESS 725 EMERALD
CITY-ST-ZIP BROOMFIELD CO 80020

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BLACK, LORNA - I
STREET ADDRESS 1600 W. LAKE PARKER DR.
CITY-ST-ZIP LAKELAND FL 33805

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WEIDERNAM, SUSAN
STREET ADDRESS 2310 HYDE ST.
CITY-ST-ZIP BURLINGTON NC 27217

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WEIDERNAM, DAVID
STREET ADDRESS 2310 HYDE ST.
CITY-ST-ZIP BURLINGTON NC 27217

TITLE ☐ Change ☐ 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)(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:

Signature Required EDWARD A BLACK-1-08-01-863-603-0158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90114 012 ****61.25

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DO NOT WRITE IN THIS SPACE