

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 07, 2001 8:00 am
Secretary of State

06-07-2001 90004 033 ****61.25

DOCUMENT # N00000006198

1. Entity Name

NEW LIFE FELLOWSHIP CHURCH OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

1451 MT. HERMON STREET
 JACKSONVILLE FL 32209

1451 MT. HERMON STREET
 JACKSONVILLE FL 32209

2. Principal Place of Business

3. Mailing Address

1451 Mt. Heerman Street

1451 Mt. Heerman Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32209

Country

USA

Zip

32209

Country

USA

4. FEI Number

59-3386960

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

MORGAN, ROBERT M ESQ.
FORD, JETER, BOWLUS, DUSS & MORGAN, P.A.
10110 SAN JOSE BLVD.
JACKSONVILLE FL 32257

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.

(NOT: 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** ☐ Delete
 NAME **PASTOR, ROLANDO**
 STREET ADDRESS **1451 MT. HERMON STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE **Director** ☒ Change ☐ Addition
 NAME **PASTOR, Roland Baker**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **TURNER, FORISTER JR.**
 STREET ADDRESS **3230 ERNEST STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32205**

TITLE **Turner, Foster, Jr.** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **JOHNSON, ALFRED**
 STREET ADDRESS **7588 EAST JKF DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32219**

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

TITLE **D** ☐ Delete
 NAME **BEHN, PAUL**
 STREET ADDRESS **1236 TYLER STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

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

TITLE **D** ☐ Delete
 NAME **MCCLOUD, CHARLES**
 STREET ADDRESS **1222 STEEL COURT #3**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE **MCLEOD, CHARLES** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Roland Baker, Director
Roland Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-29-01

Date

(904) 388-0577

Daytime Phone #

CR2E037 (10/00)