

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000006647

1. Entity Name

SHEPHERD'S CENTER OF THE FIRST COAST, INC.

Principal Place of Business

1400 UNIVERSITY BLVD NORTH  
JACKSONVILLE FL 32211

Mailing Address

1400 UNIVERSITY BLVD NORTH  
JACKSONVILLE FL 32211

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3674541

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ARLINGTON UNITED METHODIST CHURCH, INC.  
1400 UNIVERSITY BLVD NORTH  
JACKSONVILLE FL 32211

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

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

After September 12, 2001, min. will be \$236.25

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	D	<input type="checkbox"/> Delete
NAME	MIXON, KENNETH	
STREET ADDRESS	1400 UNIVERSITY BLVD NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHESTER, TOMMY	
STREET ADDRESS	1400 UNIVERSITY BLVD NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEIMS, PEGGIE	
STREET ADDRESS	1400 UNIVERSITY BLVD NORTH	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	Director	<input type="checkbox"/> Delete
NAME	Judy Barrett	
STREET ADDRESS	1400 University Blvd N.	
CITY-ST-ZIP	JAX FL 32211	
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	<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	
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Acting Director

Kenneth E. Mixon - 9-12-01

Date

Daytime Phone #

FILED

01 OCT -8 PM 12:03

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

4 CR2E037 (5/01)