

2001 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 14, 2001 8:00 am
Secretary of State

02-15-2001 90088 026 ****70.00

DOCUMENT # N00000007911

1. Entity Name

CHURCH OF THE RISEN LORD, INC.

Principal Place of Business

Mailing Address

4155 MARKIN DRIVE
 JACKSONVILLE FL 32277

4155 MARKIN DRIVE
 JACKSONVILLE FL 32277

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BORDEAUX, ANDREAUX
4155 MARKIN DRIVE
JACKSONVILLE FL 32277

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 \$81.25

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

P
BORDEAUX, ANDREAUX
4155 MARKIN DRIVE
JACKSONVILLE FL 32277

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4155 MARKIN DRIVE
JACKSONVILLE FL 32277

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ULM, KIMBERLY A
6811 MAYAPPLE ROAD
JACKSONVILLE FL 32211

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☐ Change

☐ Addition

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: Andreaux Bordeaux

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-07-01

Date

904-745-1896

Daytime Phone #

CR2E037 (10/00)