

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90010 029 \*\*\*\*61.25

**DOCUMENT # N00000008197**

1. Entity Name

**THE CHURCH OF ELI AND JESUS THE CHRIST, INC.**

Principal Place of Business

Mailing Address

**7555 LUNDY LANE  
 JACKSONVILLE FL 32210**

**7555 LUNDY LANE  
 JACKSONVILLE FL 32210**

2. Principal Place of Business

3. Mailing Address

**7555 Lundy Ln**

**1171 Lane Ave South**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**Jacksonville FLa**

**Jacksonville FLa**

Zip

Country

Zip

Country

**32210**

**U.S.A.**

**32205**

**U.S.A.**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARMSTRONG, LEWIS  
 7555 LUNDY LANE  
 JACKSONVILLE FL 32210**

Name

**Lewis J. Armstrong**

Street Address (P.O. Box Number is Not Acceptable)

**1171 Lane Ave South Apt 1010**

City

**Jacksonville**

FL

Zip Code

**32205**

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

**Lewis Jerome Armstrong** **Lewis Jerome Armstrong** **5-1-2001**

(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	DV	<input type="checkbox"/> Delete
NAME	ARMSTONG, SARAH	
STREET ADDRESS	7555 LUNDY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	DP	<input type="checkbox"/> Delete
NAME	ARMSTONG, LEWIS	
STREET ADDRESS	7555 LUNDY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARMSTONG, EDDIE	
STREET ADDRESS	7555 LUNDY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	S	<input type="checkbox"/> Delete
NAME	HODGE, JANIE	
STREET ADDRESS	7555 LUNDY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	T	<input type="checkbox"/> Delete
NAME	SANTIAGO, BARBARA	
STREET ADDRESS	7555 LUNDY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOTT, LURIE	
STREET ADDRESS	7555 LUNDY LANE	
CITY-ST-ZIP	JACKSONVILLE FL 32210	

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	
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:

**Lewis Jerome Armstrong** **Lewis Jerome Armstrong** **5-1-2001**

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E037 (10/00)