


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Sep 08, 2005 8:00 am
Secretary of State

09-08-2005 90068 016 *****61.25

DOCUMENT # NO1000000651	
1. Entity Name Shalom center Ministry INC	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Shalom center Ministry	3. Mailing Address 8072 Haney Suckle Ln
Suite, Apt. #, etc. 4017 St. Augustine	Suite, Apt. #, etc. JAX FL
City & State Jacksonville FL 32207	City & State 32244
Zip Duval	Country Duval

50065585

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3702651	Applied For <input checked="" type="checkbox"/> Not Applicable
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name Shalom Center Ministry INC Street Address (P.O. Box Number is Not Acceptable) 4017 St. Augustine Rd Jacksonville FL City FL Zip Code 32207	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSE E. Rutledge 244 University Blvd JAX FL 32211-7022	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MERVL JACQUES-PD 8072 Haney Suckle Ln JAX FL 32244	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIKerson Fleury 226 Gored Rd -SD JAX, FL 32216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MERVL Evelyn-TD 625 Lee Rd JAX, FL 32226	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOAS MERVL 6605 Antington Rd SD JAX FL 32211	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jean Victor MD 7228 Elvia Dr. JAX FL 32211	TITLE 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 on an attachment with an address, with all other like employment.

SIGNATURE: 

08/25/05

CR2E037B (12/02)