## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N0100000651

SHALOM CENTER MINISTRY, INC.

May 05, 2003 8:00 am Secretary of State 05-05-2003 90206 014 \*\*\*\*61.25

|   |  |   |                         | I.R.S.            |   |                        |                           |             |     |
|---|--|---|-------------------------|-------------------|---|------------------------|---------------------------|-------------|-----|
| Principal Plac  | ce of Business   | Mailing Address   |                         |                   |   |                        |                           |             |     |
| 521 WEST ASHLEY STREET<br>JACKSONVILLE FL 32202   |  | 8072 HONEYSUCKLE LANE<br>JACKSONVILLE FL 32244                                    |                         |                   |   |                        |                           |             |     |
| O Directo LD  |  | 10.14-75-1-1-1-1  |                         |                   |   |                        |                           |             |     |
| 2. Principal Place of Business 124 St. 3. Mailing Address 521 West Ashley St. 8072 Hune |  |   | geuck                   | (e/10             |   |                        |                           |             |     |
| Suite, Apt.   | eksonville   | 3. Mailing Address<br>8072 Haneysuckle/W<br>Suite, Apt. #, etc.<br>JAPENSON WILLE |                         |                   | ☐ CHECK HERE IF MAKING CHANGES                      |                        |                           |             |     |
| City & State Florida  |  | City & State Police   |                         |                   | 4. FEI Number 59-3702651 Applied For Not Applicable |                        |                           |             |     |
| 322   | 02 Duval   |   | DUVA                    |                   | 5. Certificate of Sta                               |                        | \$8.75 Add<br>Fee Require |             |     |
|   | 6. Name and Address of Current F                                     |   |                         | 7. Name and Addre | ess of New Registe                                  | red Agent              |                           | -           |     |
|   |  |   | Name_                   | Koc               | ノゴみぐ  | PUES                   | Mon                       | VIL         | İ   |
| MERVIL,   | Street A   | ddress (F   | O. Box Number is No.    |                   | -/-/-   | /                      | 1                         |             |     |
| 8072 HO   | -80  | O/Z   | Hone                    | grecon            | 10,01   | <u> </u>               | ┨                         |             |     |
| JAUKSUI   | NVILLE FL 32244  |   |                         |                   |   |                        |                           |             | ]   |
| <u>*</u>  |  |   | City                    | THO               | CKSON   | Ville                  | FL Zip Cod                | 2244        |     |
| 7 4h bit  | e named entity submits this statement for tions of registered agent. | urpose of changing its re   | gistered office or      | r registere       | ed agent, or both, in the                           | ne State of Florida. I | I am familiar with,       | and accept  | Ì   |
| The obliga  | tions of registered agent.   |   | ,                       | م خند             |   | ,                      | n/1 98                    | 200         | ĺ   |
| SIGNATURE   |  | > THE ON  | ies H                   | EKU               | il Klisie   | leat 0                 | 14-20                     | -03         | Į   |
| SIGNATURE   | Signature, typed or printed name of registered agent a               | nd title if applicable. (NOTE: R  | legistered Agent signat |                   |   |                        | ATE                       | <del></del> | 1   |
|   |  |   |                         | usite.            | 1   | <del></del>            |                           |             | 1   |
| FILE NOW: FEE IS \$61.25  |  |   | -                       | <u>.</u>          | \$5.00 May Be                                       |                        | heck Payable              |             |     |
|   | , 122 11047. 1 22 10 001.20  | Trust Fund Cor  | ntribution.             |                   | Added to Fees                                       | Florida De             | epartment of S            | State       |     |
| 10  | OFFICERS AND DIR   | TCTOPO .  | -                       | .3                | DOITIONS (CLANICE                                   | S TO OFFICERS AND      | D DIBECTORS IN            | 110         | -   |
| TITLE   | PD OFFICERS AND DIR  | Delete  | 11.<br>TITLE            | OD                | DDITIONS/CHANGE                                     | S TO OFFICERS AN       | D DIRECTORS IN            | Addition    | 12  |
| NAME  | MERVIL, JACQUES  | Delete  | NAME                    | Tit               | KVILIAC<br>072Hone<br>TACKSON                       | ientle)                |                           | E Modition  | 5   |
| STREET ADDRESS  | 8072 HONEYSUCKLE LANE  |   | STREET ADDRESS          | 'Y'S'             | 072 HONE  | 111- El                | 00010                     |             | 12  |
| CITY-ST-ZIP   | JACKSONVILLE FL 32244  |   | CITY-ST-ZIP             | 7                 | sackson   | Until                  | 34244                     |             | l E |
| TITLE   | SD   | ☐ Delete  | TITLE                   | SD.               | kerson<br>26 BAK                                    | douty                  | ∙ ☐ Change                | Addition    | 18  |
| NAME  | DICKERSON, FLOURY  |   | NAME                    | Die               | Kersan  | 11087 - KM             | a d                       |             | ١   |
| STREET ADDRESS  | 2226 GARHERD ROAD  | ·••   | STREET ADDRESS          | 24                | 26 477  | HELECTIC               | 20011                     |             |     |
| CITY-ST-ZIP   | JACKSONVILLE FL 32216  |   | CITY-ST-ZIP             |                   | Ackland   | lilefl                 | 32016                     |             | 1   |
| TITLE   | TD   | ☐ Delete  | TITLE                   | 10.1              | MEKVIL.   | & velyn                | Change                    | Addition    | 1   |
| NAME  | MERVIL, EVELYN   |   | NAME                    | 12                | Lee K   | d T                    |                           |             |     |
| STREET ADDRESS  | 635 LEE ROAD   |   | STREET ADDRESS          | <b>-</b>          | 6 Lee Ku<br>ACKSANI                                 | Ville Fl               | . 3922                    | 4           |     |
| CITY-ST-ZIP   | JACKSONVILLE FL 32226  |   | CITY-ST-ZIP             | J.T.              | TCC WOOL  | 10-070                 | - 0 20.02                 |             | ĺ   |
| TITLE   | ALICHOTHIE MICHAEL   | ☐ Delete  | TITLE                   | Vision            | coustin   | re 3 4                 | Change □ Change           | Addition    |     |
| NAME<br>STREET ADDRESS  | AUGUSTINE, MICHAEL<br>1900 SAST STREET                               |   | NAME<br>STREET ADDRESS  | 17 %              | Mich  | ill.                   | 4                         | ,           | }   |
| CITY-ST-ZIP   | JACKSONVILLE FL 32226  |   | CITY-ST-ZIP             | 190               | 0 SASTS   | ticet.                 | =1821                     |             |     |
| TITLE   | D  | ☐ Delete  | TITLE                   | 7                 | THEKVON   | ( )                    | ☐ Change                  | Addition    | 1   |
| NAME  | JEAN, VICTOR   | ☐ Delete  | NAME                    | とて                | EAM VIC   | CTON                   |                           | Acontion    |     |
| STREET ADDRESS  | 7823 ELVIA DRIVE   |   | STREET ADDRESS          | 700               | 2 FIVIA   | DK.                    |                           |             |     |
| CITY-ST-ZIP   | JACKSONVILLE FL 32211  |   | CITY-ST-ZIP             | /×_Z              | Hot Lan   | Tille FI               | 13221                     | 7           |     |
| TITLE   |  | ☐ Delete  | TITLE                   |                   | 11 -11 0 0 11 1                                     |                        | ☐ Change                  | Addition    | 1   |

12. I hereby certify that the information supplied with this filling 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 is changed, or on an attachment with an address, with all other like empowered. as if made under oath; that I am an officer or director ; and that my name appears in Block 10 or Block 11 if

STREET ADDRESS

CITY-ST-ZIP

**SIGNATURE:** 

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE REQUIRED