

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO1000002018

1. Entity Name

NO CROSS NO CROWN CHRISTIAN FAITH ASSEMBLY INC.

**FILED**  
May 24, 2002 8:00 am  
Secretary of State

05-24-2002 91273 041 \*\*\*\*61.75

433992



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

130 MASTERS DR  
ST AUGUSTINE FL 32095

130 MASTERS DR  
ST AUGUSTINE FL 32095

2. Principal Place of Business

3. Mailing Address

130 MASTERS DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. AUGUSTINE, FLA

City & State

JACK, FLA.

Zip

32095

Country

ST. JOHNS

Zip

32095

Country

DUVAL

4. EEL Number

593717476

Applied For

Not Applicable

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

MURRAY, CURTIS D  
5403 LOS SANTO WAY  
JACKSONVILLE FL 32211

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

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  
MURRAY, CURTIS D  
5403 LOS SANTO WAY  
JACKSONVILLE FL 32211

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
V  
MURRAY, CAROLYN E  
5403 LOS SANTO WAY  
JACKSONVILLE FL 32211

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
POPE, SAMUEL J  
608 W KING ST  
ST AUGUSTINE FL 32095

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CALLOWAY, LEON L  
241 AKIEN ST  
ST AUGUSTINE FL 32084

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MURRAY, ARTEMUS D  
5403 LOS SANTO WAY  
JACKSONVILLE FL 32211

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 904-744-6458

CR2E037 (9/01)