


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

DOCUMENT # **NO1000002018**

1. Entity Name **NO CROSS-NO CROWN CHRISTIAN FAITH ASSEMBLY**



FILED  
04 JUL 23 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**130 MASTERS DRIVE**  
Suite, Apt. #, etc.

3. Mailing Address  
**130 MASTERS DR.**  
Suite, Apt. #, etc.

City & State  
**ST. AUGUSTINE, FLA.**

City & State  
**ST. AUGUSTINE, FLA.**

Zip  
**32084**

Country  
**ST. JOHNS**

Zip  
**32084**

Country  
**ST. JOHNS**

4. FEL Number  
**59-371746**

Applied For  
☐

Not Applicable  
☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **CURTIS D. MURRAY**

Street Address (P.O. Box Number is Not Acceptable)  
**5403 LOS SANTOS WAY**

City **JACKSONVILLE** FL Zip Code **32211**

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 \_\_\_\_\_ (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	<b>P. MURRAY, CURTIS D. 5403 LOS SANTOS WAY JAX, FLA. 32211</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700039488937 07/23/04--01079--015 **\$61.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. CAROLYN E. MURRAY 5403 LOS SANTOS WAY JAX, FLA. 32211</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. SAMUEL J. POPE 608 W. KING ST. ST. AUGUSTINE, FLA. 32095</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>B. LARRY HANCOCK 1058 N. CLAY ST. ST AUGUSTINE, FLA 32084</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. LEON CALLOWAY 241 AIKEN ST. ST. AUG., FLA. 32084</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>07/30</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>R. ARTEMUS D. MURRAY 5403 LOS SANTOS WAY JAX, FLA. 32211</b>	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 empowered.

SIGNATURE: **Rev. Curtis D. Murray** **904-477-3611**

CR2E037B (12/02)