

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

DOCUMENT # N01000003694

1. Entity Name  
**OIL OF JOY FULL GOSPEL PROPHETIC PREACHING MINIS  
TRIES, INC.**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 JUL 24 PM 12:27

10028593



☐ CHECK HERE IF MAKING CHANGES

|  |         |  |         |
|--|---------|--|---------|
| Principal Place of Business<br>1717 NORTH MAIN STREET<br>JACKSONVILLE FL 32206 |         | Mailing Address<br>PO BOX 1541<br>JACKSONVILLE FL 32201-1541 |         |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.                      |         | 3. Mailing Address<br><br>Suite, Apt. #, etc.                |         |
| City & State   |         | City & State   |         |
| Zip  | Country | Zip  | Country |

|  |  |
|--|--|
| 4. FEI Number<br>59-3731695  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br>NEWTON, WILLIE C<br>69 W 32ND STREET<br>JACKSONVILLE FL 32206 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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  
Florida Department of State

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>NEWTON, WILLIE C<br>1717 NORTH MAIN STREET<br>JACKSONVILLE FL 32206 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>900022073279<br>08/05/03--01073--009 **76.25                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>LEON, ELISA B<br>1717 NORTH MAIN STREET<br>JACKSONVILLE FL 32206 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TT<br>NEWTON, CHARITY B<br>1717 NORTH MAIN STREET<br>JACKSONVILLE FL 32206 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | STT<br>Newton, Charity B <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>1717 N. MAIN ST.<br>JACKSONVILLE, FL 32206 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>ANDERSON, SANDRA G<br>1717 NORTH MAIN STREET<br>JACKSONVILLE FL 32206 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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: CHARITY B. NEWTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Device Phone # \_\_\_\_\_

CR2E037 (10/02)

2/2

**Oil Of Joy Full Gospel Prophetic preaching Minis**

P. O. Box 1541  
Jacksonville, Florida 32218  
USA

Phone 904 -398-1775

July 22, 2003

Division of Corporations  
P. O. Box 6327  
Tallah., Florida 32314

Doc. # NO100003644

Ms. Bailey,

I did not receive the notice that advised me of a returned check and your intent to dissolve in 60 days. Therefore, I am requesting a waiver of the reinstatement fee and penalty charged to us.

Enclosed is another Uniform Business Report and the filing fee.  
Thank you.

Sincerely,



Sandra Anderson  
Assistant. Sectery  
904 -751-4480