

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90004 037 ****61.25

DOCUMENT # N01000005733

1. Entity Name

SHEPHERD'S REST CHRISTIAN MISSIONS, INC.

Principal Place of Business

**342 RALEIGH ROAD
 JACKSONVILLE FL 32225
 US**

Mailing Address

**342 RALEIGH ROAD
 JACKSONVILLE FL 32225
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 11482

Suite, Apt. #, etc.

City & State

Jacksonville FL

Zip

32239

Country

US

4. FEI Number

59-3737205

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BROWN, DAVID A
 342 RALEIGH ROAD
 JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

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

David A. Brown President 02-08-02

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**

OFFICERS AND DIRECTORS

NAME **Secretary,**
 STREET ADDRESS **Mrs. Kathy C. Brown**
 CITY-ST-ZIP **342 Raleigh Rd**
Jacksonville FL 32225 US

☐ Delete

TITLE **Director**
 NAME **Pastor Todd L. Morgan**
 STREET ADDRESS **8723 Andaloma St**
 CITY-ST-ZIP **Jacksonville - FL 32211 US**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

☐ Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Secretary**
 NAME **Mrs. Kathy C. Brown**
 STREET ADDRESS **342 Raleigh Rd**
 CITY-ST-ZIP **Jacksonville, FL 32225 US**

☐ Change ☒ Addition

TITLE **Director**
 NAME **Pastor Todd L. Morgan**
 STREET ADDRESS **8723 Andaloma St**
 CITY-ST-ZIP **Jacksonville - FL 32211 US**

☐ Change ☒ Addition

TITLE **Director**
 NAME **Pastor Juan C. DeValle**
 STREET ADDRESS **358 Raleigh Rd**
 CITY-ST-ZIP **Jacksonville, FL 32225 US**

☐ Change ☒ Addition

TITLE **Director**
 NAME **Mr. Olmes Corrales**
 STREET ADDRESS **2610 Sunrise Ridge Ln**
 CITY-ST-ZIP **Jacksonville, FL 32211 US**

☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Kathy C. Brown
Kathy C. Brown 02-08-02 904-724-8390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)