

# 2002 UNIFORM BUSINESS REPORT (UBR)

0001489

DOCUMENT # NO1000007744

1. Entity Name

CONNIE BEND FAITH BASED TRAINING INSTITUTE, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 SEP 13 PM 1:35

Principal Place of Business

11680 CARAPACE LANE  
JACKSONVILLE FL 32218

Mailing Address

11680 CARAPACE LANE  
JACKSONVILLE FL 32218

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Post Office Box 28081

Jacksonville FL

32226 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3758221

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required 8.75

6. Name and Address of Current Registered Agent

BEND, CONNIE M  
11680 CARAPACE LANE  
JACKSONVILLE FL 32218

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,  
min. will be \$236.25.

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

TITLE PD  
NAME BEND, CONNIE M  
STREET ADDRESS 11680 CARAPACE LANE  
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

TITLE SD  
NAME BEND, CONSTANCE M  
STREET ADDRESS C/O 11680 CARAPACE LANE  
CITY-ST-ZIP JACKSONVILLE FL 32218 ☒ Delete

TITLE VD  
NAME BEND, CHERYL D  
STREET ADDRESS 2074 MIDYETTE ROAD, #614  
CITY-ST-ZIP TALLAHASSEE FL 32301 ☒ Delete

TITLE TD  
NAME BEND, MICHAEL E  
STREET ADDRESS C/O 2074 MIDYETTE ROAD, #614  
CITY-ST-ZIP TALLAHASSEE FL 32301 ☒ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME 000007899580-0  
STREET ADDRESS -09/20/02--01065--009  
CITY-ST-ZIP \*\*\*\*\*70.00 \*\*\*\*\*70.00

TITLE SD  
NAME Thomas, Michael K.  
STREET ADDRESS 1462 Prince Street  
CITY-ST-ZIP JACKSONVILLE, FL 32208 ☒ Change ☐ Addition

TITLE VO  
NAME Davis, Gregory  
STREET ADDRESS 4461 Summerwalk Court  
CITY-ST-ZIP JACKSONVILLE, FL 32258 ☐ Change ☒ Addition

TITLE TD  
NAME Washington, Nathaniel S.  
STREET ADDRESS 7235 Dastie Drive East  
CITY-ST-ZIP JACKSONVILLE, FL 32209 ☒ Change ☐ Addition

TITLE member  
NAME Rogers, Shirley  
STREET ADDRESS 3119 Kingston Street  
CITY-ST-ZIP Jacksonville, FL 32254 ☐ Change ☒ Addition

TITLE ☐ Change ☐ Addition  
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

9/2/02 (904) 751-1834

CR2E037 (4/02)