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

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FILED
Apr 02, 2003 8:00 am
Secretary of State
03-17-2003 90105 022 ****70.00

DOCUMENT # N02000001151

1. Entity Name
JP EXPRESSION MINISTRIES, INC.

Principal Place of Business	Mailing Address
1159 DAY AVE. JACKSONVILLE FL 32205	1159 DAY AVE. JACKSONVILLE FL 32205

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
435 Clark Road ~~Suite~~	P.O. Box 41043
Suite, Apt. #, etc.: 402	Suite, Apt. #, etc.:
City & State: Jax, FL	City & State: Jax, FL
Zip: 32210 Country: US	Zip: 32203 Country: US

4. FEI Number: 60-0000741 ☐ 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
PARKER-TRICE, JUANITA ~~1159 DAY AVE.~~ ~~JACKSONVILLE FL 32205~~	Name: Juanita Parker TRICE Street Address (P.O. Box Number is Not Acceptable): 435 CLARK ROAD Suite 402 City: Jax FL Zip Code: 32218

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] DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D BERRIAN, EARNEST 3990 LORETTO RD. JACKSONVILLE FL 32223	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIR Berrian, Earnest	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BODDIE, JAMES 2110 BLUE AVE. JACKSONVILLE FL 32209	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Melton, Dot 8024 Southside Blvd #78 Jacksonville, Florida 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERRING, ROBERT E SR. 1620 HELENA ST. JACKSONVILLE FL 32208	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, EUGENE 933 ARDMORE ST. JACKSONVILLE FL 32208	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEWMAN, DERRELL 7953 SHIRCLIF DR. JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEWMAN, JOHN 1743 MILLER ST. ORANGE PARK FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 Juanita Parker TRICE 3/6/03 924-2108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #