

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

09-05-2003 90179 001 *****61.25
09-05-2003 90179 002 *****8.75
FILED 20000002204

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DOCUMENT # N02000002204

1. Entity Name

MENDING BROKEN RELATIONSHIP'S MINISTRIES, INC.



03 SEP 11 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☒ CHECK HERE IF MAKING CHANGES

Principal Place of Business Mailing Address
P.O. BOX 390214 3223 BUCKLAND STREET
DELTONA FL 32739-0214 DELTONA FL 32738

2. Principal Place of Business 3. Mailing Address
P.O. Box 390623 3223 Buckland St.
Suite, Apt. #, etc. Suite, Apt. #, etc.
Deltona, FL Deltona, FL

City & State City & State
Deltona, FL Deltona, FL
Zip Country Zip Country
32739-0623 USA 32738 USA

4. FEI Number 30-0061040 ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
JERNIGAN, RON
3223 BUCKLAND STREET
DELTONA FL 32738

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

FILE NOW: FEE IS \$61.25

After September 10, 2003, min will be \$236.25

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

TITLE	P	☐ Delete
NAME	JERNIGAN, RON	
STREET ADDRESS	3223 BUCKLAND STREET	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	VT	☐ Delete
NAME	JERNIGAN, BETZAIDA P	
STREET ADDRESS	3223 BUCKLAND STREET	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	D	☒ Delete
NAME	CAPELLI, JOHN	
STREET ADDRESS	2864 W HURON DR	
CITY-ST-ZIP	DELTONA FL 32738	
TITLE	D	☒ Delete
NAME	JERNIGAN, ARTHUR	
STREET ADDRESS	202 DELEWARE AVE.	
CITY-ST-ZIP	BRIDGEVILLE DE 19933	
TITLE	D	☐ Delete
NAME	PESANTE, ELIZABETH	
STREET ADDRESS	501 MURPHY AVE	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	D	☒ Delete
NAME	CAPELLI, KELLY	
STREET ADDRESS	2864 W HURON DR	
CITY-ST-ZIP	DELTONA FL 32738	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME	JERNIGAN, Betzaida P	
STREET ADDRESS	3223 Buckland St.	
CITY-ST-ZIP	Deltona, FL 32738	
TITLE		☐ Change ☒ Addition
NAME	Adrian Santos	
STREET ADDRESS	1890 Piper Terrace	
CITY-ST-ZIP	Deltona, FL 32738	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☒ Change ☐ Addition
NAME	PESANTE, ELIZABETH	
STREET ADDRESS	501 MURPHY AVE	
CITY-ST-ZIP	Deltona, FL 32725	
TITLE		☐ Change ☒ Addition
NAME	Hector Maldonado	
STREET ADDRESS	503 Stallings Ave	
CITY-ST-ZIP	Deltona, FL 32738	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/01/03

386-532-9852

Date Daytime Phone #

CR2E037 (4/03)