

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

1/2

01-22-2003 90159 030 ****70.00

DOCUMENT # N02000004748

1. Entity Name

JAVEN CAMPBELL MINISTRIES INC.



Principal Place of Business

P.O. BOX 260244
TAMPA FL 33685

Mailing Address

P.O. BOX 260244
TAMPA FL 33685

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

010688719

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

CAMPBELL, CARLTON
4250 SW 21 ST
HOLLYWOOD FL

Name CAMPBELL, CARLTON

Street Address (P.O. Box Number is Not Acceptable)

10340 SW 20TH COURT

City Micamora

FL

Zip Code

33025

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

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 S
NAME LIGHTBOURNE, KATHLEEN
STREET ADDRESS 85012 N 50 ST #1006
CITY-ST-ZIP TAMPA FL 33617 ☐ Delete

TITLE Administrator ☒ Change ☐ Addition
NAME
STREET ADDRESS 1407 GULFSTREAM CIR #103
CITY-ST-ZIP BRANDON, FL 33511

TITLE V
NAME CAMPBELL, CARLTON
STREET ADDRESS 4250 SW 21 ST
CITY-ST-ZIP HOLLYWOOD FL 33023 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME DIGGS, ERIC
STREET ADDRESS 5623 BROOKDALE WAY
CITY-ST-ZIP TAMPA FL 33625 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE A
NAME PENTILA, ELIZABETH
STREET ADDRESS 1819 60 WAY N
CITY-ST-ZIP ST PETERSBURG FL 33710 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

SIGNATURE REQUIRED

1-15-03

813-908-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)