

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

FILED
Feb 26, 2003 8:00 am
Secretary of State

1/2

01-23-2003 90098 020 ****61.25

DOCUMENT # N02000005947

1. Entity Name

**LOLA BROKEMOND MINISTRIES-MADE IN HIS IMAGE, INC
CORPORATED**



Principal Place of Business

**1440-13 DUNN AVE
JACKSONVILLE FL 32218-4894**

Mailing Address

**1440-13 DUNN AVE
JACKSONVILLE FL 32218-4894**

2. Principal Place of Business

1440-13 Dunn Ave

3. Mailing Address

1440-13 Dunn Ave

Suite, Apt. #, etc.

13

Suite, Apt. #, etc.

13

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32218

Country

Duval

Zip

32218

Country

U.S.A.

4. FEI Number

54-2077910

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROKEMOND, LOLA C
1440-13 DUNN AVE
JACKSONVILLE FL 32218-4894**

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

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	<input type="checkbox"/> Delete
NAME	BROKEMOND, LOLA C	D
STREET ADDRESS	228 MULBERRY ST	
CITY-ST-ZIP	JACKSONVILLE FL 32218	
TITLE	T	<input type="checkbox"/> Delete
NAME	HARDAWAY, ROSE	D
STREET ADDRESS	4233 W 19 PL	
CITY-ST-ZIP	GARY IN 48404	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILEY, YVONNE	D
STREET ADDRESS	7154 MATTHEW ST	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

LOLA BROKEMOND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

1/14/03 (904) 696-9355

Date

Daytime Phone #

CR2E037 (10/02)