

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

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

4/1

04-16-2003 90199 012 \*\*\*\*61.25

**DOCUMENT # N02000006477**

1. Entity Name

**FIRE OF THE CROSS MINISTRIES, INC.**



Principal Place of Business

**7915 103RD ST. LOT 153  
JACKSONVILLE FL 32210**

Mailing Address

**7915 103RD ST. LOT 153  
JACKSONVILLE FL 32210**

2. Principal Place of Business

**9117 Lem Turner Rd.**

3. Mailing Address

**Po Box 440295**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

City & State

**Jacksonville, FL**

4. FEI Number

**01-0708449**

Applied For

Not Applicable

Zip

**32208**

Country

**USA**

Zip

**32222-0295**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HOLMAN, LELIA F  
7915 103RD ST. LOT 153  
JACKSONVILLE FL 32210**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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	<b>P / Trustee</b>	<input type="checkbox"/> Delete
NAME	<b>HOLMAN, LELIA F</b>	
STREET ADDRESS	<b>7915 103RD ST. LOT 153</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>	
TITLE	<b>S / Trustee</b>	<input type="checkbox"/> Delete
NAME	<b>SMITH, FAITH</b>	
STREET ADDRESS	<b>8787 SOUTHSIDE BLVD. #808</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32258</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MILLS, TRACEY</b>	
STREET ADDRESS	<b>11097 WOODLUM DR E</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32218</b>	
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	<b>Trustee / Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Cathy Wade</b>	
STREET ADDRESS	<b>8787 Southside Blvd. #808</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32256</b>	
TITLE	<b>Trustee</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Rev. Bruce V. Allen</b>	
STREET ADDRESS	<b>10832 Asaples Ct. S.</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32218</b>	
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: Lelia Holman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/14/03**

**904-771-2611**

Date

Daytime Phone #

CR2E037 (10/02)