

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

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90436 041 \*\*\*\*61.25

DOCUMENT # N025555-8229

1. Entity Name

First Coast Christian Ministries of Jacksonville



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3015 Spring Park Rd.

3. Mailing Address  
2530 Kershaw Dr. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Jacksonville Florida

City & State  
Jacksonville Florida

4. FEI Number 14-1846237

Applied For  
Not Applicable

Zip  
32207

Country  
Duval

Zip  
32211

Country  
Duval

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name Thomas Mitchell

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

2530 Kershaw Dr. W.

City Jacksonville

FL Zip Code 32211

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

**FEE IS \$61.25.**  
**Initial or Amended UBR**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**President**  
**Thomas Mitchell**  
**2530 Kershaw Dr. W. Jax Fl. 32211**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Vice President**  
**Frank Van Key**  
**2312 Companion Cic. E. Jax Fl 32224**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**Treasurer**  
**Hazel Mitchell**  
**2530 Kershaw Dr. W. Jax Fl. 32211**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Thomas Mitchell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04 904-568-5474

DATE Daytime Phone #

CR2E037B (12/02)