


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

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90174 017 ****61.25

DOCUMENT # <i>102000008229</i>			
1. Entity Name First Coast Christian Ministries of Jacksonville			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 2530 Kershaw dr w Suite, Apt. #, etc.		3. Mailing Address 2530 Kerhaw dr w Suite, Apt. #, etc.	
City & State Jacksonville, Florida.		City & State Jacksonville, Florida.	
Zip 32211	Country Duval	Zip 32211	Country Duval
		4. FEI Number 14-1846237	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$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 <i>Thomas Mitchell</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>SL (President)</i> <small>(NOTE: Registered Agent signature required when renewing)</small>	
		DATE <i>5/1/03</i>	
FEE IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered			
SIGNATURE: <i>Thomas Mitchell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>5/1/03</i> <small>Daytime Phone #</small>	

CR2E037B (12/02)