

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N21255

1. Entity Name

BELIEVER'S JOY WORSHIP CENTER, INCORPORATED

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90391 009 ****61.25

Principal Place of Business

Mailing Address

13066 YELLOW BLUFF ROAD
 JACKSONVILLE FL 32226

13066 YELLOW BLUFF ROAD
 JACKSONVILLE FL 32226-1854

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

59-2814287

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

CREWS, DEBORAH D
 3222 FRITZ ROAD
 JACKSONVILLE FL 32226

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME SHIFERDEK, LYLE E., JR.
 STREET ADDRESS 927 WEBB RD.
 CITY-ST-ZIP JACKSONVILLE FL

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

TITLE SD ☒ Delete
 NAME NICHOLS, MICHELE
 STREET ADDRESS 3236 PEACEFUL COURT
 CITY-ST-ZIP JACKSONVILLE FL

TITLE S/D ☐ Change ☒ Addition
 NAME Miano, Susan
 STREET ADDRESS 3573 Janice Drive
 CITY-ST-ZIP Callahan, FL 32011

TITLE V ☐ Delete
 NAME CREWS, RICHARD L
 STREET ADDRESS 3222 FRITZ RD
 CITY-ST-ZIP JACKSONVILLE FL 32226

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

TITLE TR ☐ Delete
 NAME LOWERY, FORREST W
 STREET ADDRESS 536 E 61ST ST
 CITY-ST-ZIP JACKSONVILLE FL 32208

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

TITLE TR ☐ Delete
 NAME NICHOLS, HUBERT L
 STREET ADDRESS 3236 PEACEFUL CT
 CITY-ST-ZIP JACKSONVILLE FL 32226

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

TITLE T/D ☐ Delete
 NAME CREWS, DEBORAH D
 STREET ADDRESS 3222 FRITZ RD
 CITY-ST-ZIP JACKSONVILLE FL 32226

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/2000

Date

Daytime Phone #

CR2E037 (9/99)