

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 26, 2001 8:00 am**  
**Secretary of State**

06-26-2001 90007 044 \*\*\*\*61.25

**DOCUMENT # N21255**

1. Entity Name

**BELIEVER'S JOY WORSHIP CENTER, INCORPORATED**

Principal Place of Business

13066 YELLOW BLUFF ROAD  
 JACKSONVILLE FL 32226

Mailing Address

13066 YELLOW BLUFF ROAD  
 JACKSONVILLE FL 32226

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

*Deborah D Crews*

**3-05-01**

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

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

TITLE ☐ Delete  
 NAME **SD**  
 STREET ADDRESS **MIANO, SUSAN**  
 CITY-ST-ZIP **3573 JANICE DR**  
**CALLAHAN FL 32011**

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

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

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

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

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

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

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

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

*Deborah D Crews*

*March 5 2001* **904-757-1883**

CR2E037 (10/00)