

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State
 03-25-2002 90052 049 ****61.25

DOCUMENT # N21255

1. Entity Name

BELIEVER'S JOY WORSHIP CENTER, INCORPORATED

Principal Place of Business

Mailing Address

**13066 YELLOW BLUFF ROAD
 JACKSONVILLE FL 32226**

**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

4. FEI Number

59-2814287

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **M** ☐ Change ☒ Addition
 NAME **Shiferdek, Beverly J.**
 STREET ADDRESS **927 Webb Rd.**
 CITY-ST-ZIP **Jacksonville FL 32218**

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

TITLE **TR** ☐ Change ☒ Addition
 NAME **Lowery, Janice K.**
 STREET ADDRESS **536 E. 61st St.**
 CITY-ST-ZIP **Jacksonville FL 32208**

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

TITLE **TR** ☐ Change ☒ Addition
 NAME **Nichols, Michele E.**
 STREET ADDRESS **3236 Peaceful Ct.**
 CITY-ST-ZIP **Jacksonville FL 32226**

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 of Deborah D. Crews

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/2002 (904) 757-1883

Date

Daytime Phone #

CR2E037 (9/01)