

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32588

1. Entity Name

ANGELS OF MERCY EVANGELIST MINISTRY INC.

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90016 004 ****70.00

Principal Place of Business

Mailing Address

1215 E 8TH ST
JACKSONVILLE FL 32206
US

1131 E 11TH ST
APT. 2
JACKSONVILLE FL 32206-4017
US

2. Principal Place of Business

3. Mailing Address

5406 Avenue B

P.O. Box 13125

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tax 71

Tax 71

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

32209

Zip

Country

32206

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

SINGLETON, JURANGER
1135 E. 11TH ST.
APT. 2
JACKSONVILLE FL 32206

Name

Juranger Singleton

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

1131 E. 11th St

Jacksonville FL

City

FL

Zip Code

32206

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

Juranger Singleton

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/19/2000

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 D ☐ Delete
NAME SINGLETON, JURANGER
STREET ADDRESS 1131 E. 11TH ST
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE D ☐ Delete
NAME FULLER, CAROLYN S
STREET ADDRESS 342 E. 5TH ST
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE D ☐ Delete
NAME GRAY, TANGIE
STREET ADDRESS 1135 E 11TH ST., APT 3
CITY-ST-ZIP JACKSONVILLE FL

TITLE Director ☒ Change ☐ Addition
NAME Gray, Tangie
STREET ADDRESS 545 W. 19th St
CITY-ST-ZIP Tax 71 32206

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Juranger Singleton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)