

# 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5406 Avenue B

PO 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 71

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

TITLE  Change  Addition  
 NAME Director  
 STREET ADDRESS Gray Tangie  
 CITY-ST-ZIP 545 W. 19th St  
Tax 71 32204

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 4/19/2000 904-358-7111  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)