

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N32588**

1. Entity Name
Angels of Mercy Evangelistic Ministry Inc.

Principal Place of Business
**5406 Avenue B
Jax 71 32209**

Mailing Address
**P.O. Box 13215
Jax, FL 32206**

2. Principal Place of Business
5406 Avenue B

3. Mailing Address
P.O. Box 13215

City & State
Jacksonville, FL

City & State
Jax, FL

Zip
32209

Country
Duval

Zip
32206

Country
Duval

6. Name and Address of Current Registered Agent

**JuRanger Singleton
1131 E. 11th St
Jacksonville, FL 32206**

7. Name and Address of New Registered Agent

Name
None

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

City
N/A

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

TITLE Director	<input type="checkbox"/> Delete
NAME Carolyn Fuller	
STREET ADDRESS 342 E. 5th St	
CITY-ST-ZIP Jax FL 32206	
TITLE Director	<input type="checkbox"/> Delete
NAME Tangie E Gray	
STREET ADDRESS 525 Romana Blvd	
CITY-ST-ZIP Jax FL 32205	
TITLE Director	<input type="checkbox"/> Delete
NAME Sharon Brown	
STREET ADDRESS 1826 W. 45th St	
CITY-ST-ZIP Jax FL 32209	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Tangie E Gray	
STREET ADDRESS 525 Romana Blvd	
CITY-ST-ZIP Jax FL	
TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Sharon Brown	
STREET ADDRESS 1826 W. 45th St	
CITY-ST-ZIP Jax, FL 32209	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

FILED
Apr 18, 2001 8:00 am
Secretary of State

04-18-2001 90103 017 ****70.00

A0051535

DO NOT WRITE IN THIS SPACE

CR2E037 (11/00)