

2001 UNIFORM BUSINESS REPORT (UBR)

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

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

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, 71. 32206

2. Principal Place of Business
5406 Avenue B
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 13215
 Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jax, FL

Zip
32209

Country
Duval

Zip
32206

Country
Duval

4. FEI Number _____ Applied For _____
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

A0051535

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>Carolyn Fuller</i> <i>342 E. 5th St</i> <i>Jax FL 32206</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>Tangie E Gray</i> <i>525 Romana Blvd</i> <i>Jax 71 32205</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>Sharon Brown</i> <i>1826 W. 45th St</i> <i>Jax 71 32209</i>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>Tangie E Gray</i> <i>523 Romana Blvd</i> <i>Jax 71</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>(Remain 65)</i> <i>15</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Director</i> <i>Sharon Brown</i> <i>1826 W. 45th St</i> <i>Jax, 71 32209</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* Date _____ Daytime Phone # _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/00)