

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N36388

1. Entity Name

THE MINISTRY OF RECONCILIATION CHURCH, INC.

FILED
Jun 26, 2002 8:00 am
Secretary of State

06-26-2002 90071 021 ****61.25

Principal Place of Business

Mailing Address

4348 SOUTEL DRIVE
JACKSONVILLE FL 32208
US

4348 SOUTEL DRIVE
JACKSONVILLE FL 32208
US

80125880



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8081 Normandy Blvd

8081 Normandy Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 7

Suite 7

City & State

City & State

Jacksonville Florida

Jacksonville Florida

Zip

Zip

Country

Country

32221

USA

32221

USA

4. FEI Number

59-2985640

Applied For

Not Applicable

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

GOLE, PEARL J DR.
3659 LYDIA ESTATES TERR.
JACKSONVILLE FL 32218

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 C
NAME COLE, PEARL J DR.
STREET ADDRESS 3659 LYDIA ESTATES TERR.
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

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

TITLE VP
NAME COLE, ANDRE' A
STREET ADDRESS 3491 WENTWORTH CIR., E.
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ Delete

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

TITLE TD
NAME COLE, TERRANCE E
STREET ADDRESS 5110 DOSTIE DRIVE, S.
CITY-ST-ZIP JACKSONVILLE FL 32209 ☒ Delete

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

TITLE SD TM
NAME COLE, TIMOTHY L
STREET ADDRESS 3659 LYDIA ESTATES TERR.
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

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

TITLE T
NAME Angela P. Cole
STREET ADDRESS 3491 Wentworth Cir E
CITY-ST-ZIP Jacksonville FL 32277 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/02

904-764-5222

Date

Daytime Phone #

CR2E037 (9/01)