

**2002 UNIFORM BUSINESS REPORT (UBR)**

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

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

**DOCUMENT # N36388**

1. Entity Name

**THE MINISTRY OF RECONCILIATION CHURCH, INC.**

**80125880**



DO NOT WRITE IN THIS SPACE

Principal Place of Business 4348 SOUTEL DRIVE JACKSONVILLE FL 32208 US	Mailing Address 4348 SOUTEL DRIVE JACKSONVILLE FL 32208 US
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2. Principal Place of Business 8081 Normandy Blvd Suite, Apt. #, etc. Suite 7 City & State Jacksonville Florida Zip 32221 Country USA	3. Mailing Address 8081 Normandy Blvd Suite, Apt. #, etc. Suite 7 City & State Jacksonville Florida Zip 32221 Country USA
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4. FEI Number 59-2985640	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 *Pearl J. Cole* DATE *6/15/02*

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	<b>PD C</b> <b>COLE, PEARL J DR.</b> <b>3659 LYDIA ESTATES TERR.</b> <b>JACKSONVILLE FL 32218</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>COLE, ANDRE' A</b> <b>3491 WENTWORTH CIR., E.</b> <b>JACKSONVILLE FL 32277</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>COLE, TERRANCE E</b> <b>5110 DOSTIE DRIVE, S.</b> <b>JACKSONVILLE FL 32209</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD TM</b> <b>COLE, TIMOTHY L</b> <b>3659 LYDIA ESTATES TERR.</b> <b>JACKSONVILLE FL 32218</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Angela P. Cole</b> <b>3491 Wentworth Cir E</b> <b>JACKSONVILLE FL 32277</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIGNATURE REQUIRED** DATE: *6/15/02* DAYTIME PHONE #: *904-764-5222*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)