

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**May 22, 2002 8:00 am**  
**Secretary of State**

05-22-2002 90170 047 \*\*\*\*61.25

**DOCUMENT # N42889**

1. Entity Name

**ARMOR OF GOD EVANGELISTIC MINISTRIES, INCORPORATED**

Principal Place of Business

Mailing Address

**6603 ECTOR PLACE  
JACKSONVILLE FL 32211****6603 ECTOR PLACE  
JACKSONVILLE FL 32211**

2. Principal Place of Business

3. Mailing Address

**8750 Burkhall St.****8750 Burkhall Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City &amp; State

**Jacksonville, Florida**

City &amp; State

**Jacksonville, Florida**

Zip

Country

**32211****Duval**

Zip

Country

**32211****Duval**

4. FEI Number

**59-3066680**

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

**COLLIER, MITZI D.  
6603 ECTOR PLACE  
JACKSONVILLE FL 32211**

Name

**Jennie H. Robinson**

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

**8750 Burkhall Street**

City

**Jacksonville****FL**

Zip Code

**32211**

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

**Jennie H. Robinson****4/27/02**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
ROBINSON, JENNIE H.  
8750 BURKHALL ST  
JACKSONVILLE FL 32211** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SIMMONS, ISLA E.  
6165 BARTRAM RD  
JACKSONVILLE FL 32216** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MCALEER, DOLORES B.  
1887 LINDSEY RD  
JACKSONVILLE FL 32221** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST  
COLLIER, MITZI D  
6603 ECTOR PLACE  
JACKSONVILLE FL 32211** ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DeleteTITLE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/27/02 904-726-8010**

CR2E037 (9/01)