## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # N43790**

1. Entity Name

N.B. MINISTRIES, INC.



FILED Mar 07, 2003 8:00 am Secretary of State

03-07-2003 90057 016 \*\*\*\*70.00

P.O. BOX 550 JACKSONVILL	nce of Business 1907 LE FL 32255-0907 Place of Business	P.O.   JACK	Mailing Address P.O. BOX 550907 JACKSONVILLE FL 32255-0907  3. Mailing Address									
								1826   111   18616   1811		Oftil Biblit	NA NEWA ENDE	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES					
City & State			City & State				4. FEI Number 59-3048645 Applied For					7
Zip Country		z	Zip		Country		E Cartificate of C	tatus Desired	W 5	1 ·   N <b>8.75</b> Ad	ot Applicable ditional	-
6. Name and Address of Current Re			ed Agent	· = -=	5. Certificate of Status Desired Fee Required  7. Name and Address of New Registered Agent						4	
			ou Agent		Name		7. Name and Au	JIESS UI NEW NE	gistered A	gent		-
STANLEY, EMORY W					Street Address (P.O. Box Number is Not Acceptable)						-1-	4
	RRY ROAD ************************************		0.0017100					. 101 / 1000p10010/	_		<del></del>	4
JACKSU	INVILLE PL 32210						<u> </u>					
production of discourse d					City				FL	Zip Cod	e	7
8. The above	e named entity submits this statem	ent for the pur	pose of changing its	registere	d office or re	egister	ed agent, or both, in	the State of Flor	ida. I am fa	miliar with,	and accept	1
the obliga	tions of registered agent.											ļ
SIGNATURE												i
	Signature, typed or printed name of registered	agent and title if ap	plicable. (NOTE	Registered	Agent signature	required	when reinstating)		DATE			ĺ
3-7-7-7							· · · · · · · · · · · · · · · · · · ·	1	· · · ·			+
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing			,	\$5.00 May Be Make Check Pay					
the second second			Trust Fund Contribution.			]	Added to Fees	Florida	a Departi	nent of	State	
10.	OFFICERS AND DIRECTORS			11.			ADDITIONS/CHANG	ES TO OFFICER	S AND DIR	CTORS IN	110	-
TITLE	DP i		☐ Delete			<u></u>	33.11011070131110	EO TO OTTIOLIS		Change	Addition	Ś
NAME	STANLEY, EMORY			NAME						3		Ì
STREET ADDRESS					STREET ADDRESS							,
CITY-ST-ZIP	JACKSONVILLE FL 32216			CITY-								ۇ يا
TITLE	VDS Stanley, Nikki	MIKKI		TITLE						Change	Addition	٥
NAME STREET ADDRESS	131 TERRY ROAD		NAME		T ADDRESS							
CITY-ST-ZIP	JACKSONVILLE FL 32216				ST-ZIP	-	meringan		_			
TITLE	CD			☐ Delete TITLE			<del></del>			Change	Addition	1
NAME	CAIN, JOHN WESLEY	1 WESLEY		NAME						change	Addition	
	8726 BELLE RIVE BLVD.			STREE								
CITY-ST-ZIP	JACKSONVILLE FL 32256			CITY-	ST-ZIP							
TITLE	0	ĻJ		TITLE						Change	Addition	1
NAME Street address	AIN, E. NELL 706 BELLE DIVE BLVD		NAME									
CITY-ST-ZIP	8726 BELLE RIVE BLVD. JACKSONVILLE FL 32256			T ADDRESS ST- ZIP							1	
TITLE	D			-	51-2IF				<u></u>			┦
NAME	MARY, SHEPPERD		☐ Delete	TITLE NAME	1					Change	Addition	
STREET ADDRESS	3958 HUNTER CIRCLE				T ADDRESS							ĺ
CITY-ST-ZIP	JACKSONVILLE FL 32207			CITY-								
TITLE	-	···	☐ Delete	TITLE						☐ Change	☐ Addition	1
NAME				NAME					•			
STREET ADDRESS					T ADDRESS				•			1
CITY-ST-ZIP	<u> </u>			CITY-S	ST-ZIP							1

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: NEKONIET STANLEY) 3/5/03 (904) 571-5408