

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

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90047 020 ****61.25

DOCUMENT # N50354

1. Entity Name

JESUS CHRIST'S RECONCILIATION MINISTRIES, INC.



Principal Place of Business

**1904 W KIRBY STREET
TAMPA FL 33604
US**

Mailing Address

**1904 W KIRBY STREET
TAMPA FL 33604
US**

2. Principal Place of Business

Same

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa Fla.

City & State

Tampa Fla.

Zip

33604

Country

U.S.A.

Zip

33604

Country

U.S.A.



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

QUINTERO, EDGAR L

**1904 W KIRBY ST 1904
TAMPA FL 33604**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **PTD**
STREET ADDRESS **QUINTERO, EDGAR L**
CITY-ST-ZIP **1904 W KIRBY ST
TAMPA FL**

TITLE ☐ Delete
NAME **VSD**
STREET ADDRESS **QUINTERO, MARIA C**
CITY-ST-ZIP **1904 W KIRBY ST
TAMPA FL**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **QUINTERO, FRANCISCO E.**
CITY-ST-ZIP **23208 BLUE RIDGE PLACE
LAND O' LAKES FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

CR2E037 (10/02)

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:

Edgar L. Quintero
SIGNATURE REQUIRED

1/14/03 (813) 915-3453