

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90303 038 \*\*\*\*61.25

**DOCUMENT # N50772**

1. Entity Name

**NEW TESTAMENT FAITH MINISTRIES INTERNATIONAL, IN C.**

Principal Place of Business

~~2711 S HARBOR CITY BLVD  
 MELBOURNE FL 32901  
 US~~

Mailing Address

~~POB 2333  
 MELBOURNE FL 32902  
 US~~

2. Principal Place of Business

**1590 27th Ave**

3. Mailing Address

**P.O. Box 2376**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Vero Beach, FL**

City & State  
**Vero Beach, FL**

4. FEI Number

**65-0365131**

Applied For

Not Applicable

Zip  
**32960**

Country  
**USA**

Zip  
**32961-2376**

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JACKSON, ELIZABETH F  
 1025 TABAGO TERRACE  
 VERO BEACH FL 32963**

7. Name and Address of New Registered Agent

Name **Raye Jackson-Lee, Th.D.**

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

**1025 Tobago Terrace**

City **Vero Beach**

FL

Zip Code

**32963**

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

*Raye Jackson-Lee, Th.D.*

**4-30-02**

Signature, types 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

TITLE **PD** ☐ Delete  
 NAME **JACKSON, ELIZABETH F.**  
 STREET ADDRESS **1025 TOBAGO TERR**  
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **VD** ☐ Delete  
 NAME **JACKSON, THOMAS A.**  
 STREET ADDRESS **1025 TOBAGO TERR.**  
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE **ST** ☒ Delete  
 NAME **JAMES, VIVIENNE D.**  
 STREET ADDRESS **2429 FALLON BLVD., N.E.**  
 CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **D** ☐ Delete  
 NAME **LEE, RAYE**  
 STREET ADDRESS **832 BEACON ST NW**  
 CITY-ST-ZIP **PALM BAY FL 32907**

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  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME **ST RAYE JACKSON-LEE**  
 STREET ADDRESS **1025 Tobago Terrace**  
 CITY-ST-ZIP **Vero Beach, FL 32963**

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

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

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:

*Raye Jackson-Lee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-02 564-299-4332**

Date

Daytime Phone #

CR2E037 (9/01)