

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jun 20, 2001 08:00 AM****Secretary of State****DOCUMENT # N51074**1. Entity Name
EVANGELISTIC JEWISH CENTER, INC.

| | |
|-----------------------------|--------------------------|
| Principal Place of Business | Mailing Address |
| 6557 LEONA ST | 6557 LEONA ST |
| JACKSONVILLE FL 32219 US | JACKSONVILLE FL 32219 US |

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3147493Applied For
Not Applicable

Zip Country

Zip Country

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

LUCIO, ROSEMARY
6542 LEONA STJACKSONVILLE FL
32219 US

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 _____ 06/20/2001
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 | DT | NAME | STREET ADDRESS | CITY-ST-ZIP | DT | NAME | STREET ADDRESS | CITY-ST-ZIP |
|---------------------------------|-----------------------|-------------------|-----------------|--|-----------------------|-----------------------------|-----------------------|----|------|----------------|-------------|
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | SMITH LORRAINE | 1728 JOHNSON STREET | BRUNSWICK GA 32515 | | | | |
| <input type="checkbox"/> Delete | | | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | D HENRY LOUISE | 205 E 44TH STREET | JACKSONVILLE FL 32208 | | | | |
| <input type="checkbox"/> Delete | DTT BARBRE BETTY J | 2031 EVERGREEN AV | JACKSONVILLE FL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | D BARBRE BETTY J | 621 W 44TH ST BLDG A APT 61 | JACKSONVILLE FL 32208 | | | | |
| <input type="checkbox"/> Delete | DTS BOYKINS MICHELE V | 2958 ANTER CT | JACKSONVILLE FL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | DST BOYKINS MICHELE V | 2958 ANTER CT | JACKSONVILLE FL 32209 | | | | |
| <input type="checkbox"/> Delete | D BYTHWOOD VIRGINIA | 8627 SAMONA DR W | JACKSONVILLE FL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | D HENRY DEBORAH | 8946 6TH STREET | JACKSONVILLE FL 32208 | | | | |
| <input type="checkbox"/> Delete | PD LUCIO, ROSEMARY | 6542 LEONA ST | JACKSONVILLE FL | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | PD LUCIO ROSEMARY | 6542 LEONA ST | JACKSONVILLE FL 32219 | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: MICHELE V BOYKINS DST 06/20/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)