

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

FILED
Sep 11, 2003 8:00 am
Secretary of State

09-11-2003 90081 013 ****61.25

0001410

DOCUMENT # N51074

1. Entity Name

EVANGELISTIC JEWISH CENTER, INC.



Principal Place of Business

**6557 LEONA ST
JACKSONVILLE FL 32219
US**

Mailing Address

**6557 LEONA ST
JACKSONVILLE FL 32219
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3147493**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LUCIO, ROSEMARY
6542 LEONA ST
JACKSONVILLE FL 32219**

7. Name and Address of New Registered Agent

Name **LUCIO, ROSA MARY**

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

6542 LEONA ST

City **JACKSONVILLE**

FL

Zip Code **32219**

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

Rosa Mary Lucio **ROSA MARY LUCIO**

9/9/03

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
After September 10, 2003, min will be \$236.25**

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	PD	<input type="checkbox"/> Delete
NAME	LUCIO, ROSEMARY	
STREET ADDRESS	6542 LEONA ST	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HENRY, DEBORAH	
STREET ADDRESS	8946 6TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	DST	<input type="checkbox"/> Delete
NAME	BOYKINS, MICHELE V	
STREET ADDRESS	2958 ANTHE CT	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SMITH, LORRAINE	
STREET ADDRESS	1728 JOHNSON ST	
CITY-ST-ZIP	BRUNSWICK GA 32515	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Rosa Mary Lucio **ROSA MARY LUCIO**

9/9/03

904 765-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)