

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000982

1. Entity Name

WESLEY GROUP HOME MINISTRIES OF JACKSONVILLE, IN  
C.

Principal Place of Business

1415 LA SALLE STREET  
JACKSONVILLE FL 32207-3196

Mailing Address

1415 LA SALLE STREET  
JACKSONVILLE FL 32207-3196

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

59-6045472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHAHER, THOMAS L  
1415 LASALLE STREET  
JACKSONVILLE FL 32207

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.

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  
Department of State

10. OFFICERS AND DIRECTORS

TITLE S  
NAME PENNEY, EVELYN ☐ Delete  
STREET ADDRESS 2149 HUNTSFORD ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE T  
NAME MOORE, DEBRA B. ☐ Delete  
STREET ADDRESS 1415 LASALLE STREET  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D  
NAME PRESTON, ED ☐ Delete  
STREET ADDRESS 4717 EMPIRE AVE  
CITY-ST-ZIP JACKSONVILLE FL

TITLE PD  
NAME SHAHER, THOMAS L ☐ Delete  
STREET ADDRESS 1415 LASALLE STREET  
CITY-ST-ZIP JACKSONVILLE FL 32207

TITLE D  
NAME JENNINGS, FRANCES ☐ Delete  
STREET ADDRESS 1604 AVONDALE AVE  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D  
NAME MASSEY, MARY A. ☐ Delete  
STREET ADDRESS 6750 EPPING FOREST WAY, #106  
CITY-ST-ZIP JACKSONVILLE FL

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 1401 PEARL STREET  
CITY-ST-ZIP JACKSONVILLE FL 32206

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

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1902 EPPING FOREST WAY S.  
CITY-ST-ZIP JACKSONVILLE FL 32217

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:

*Wesley Group Home Ministries of Jacksonville, Inc.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 16, 2002 8:00 am  
Secretary of State

05-16-2002 90072 010 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)