

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000509

1. Entity Name

STAY IN TOUCH WITH GOD MINISTRY INC.

Principal Place of Business

2085 BROOKLYN RD.  
JACKSONVILLE FL 32209

Mailing Address

2085 BROOKLYN RD.  
JACKSONVILLE FL 32209-2610

2. Principal Place of Business

5676 Paris Ave

Suite, Apt. #, etc.

3. Mailing Address

5676 Paris Ave

Suite, Apt. #, etc.

City & State

Jacksonville FL 32209

Zip

32209

Country

Duval

City & State

Jacksonville FLA

Zip

32209

Country

Duval

4. FEI Number

59-3165981

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NORMAN, LETHA B  
2085 BROOKLYN RD.  
JACKSONVILLE FL 32209

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

LEtha B Norman

*Letha B. Norman*

4/16/2K

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 PD ☐ Delete  
NAME NORMAN, LETHA B  
STREET ADDRESS 2085 BROOKLYN RD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☐ Delete  
NAME JONES, MERCY DEE PHD  
STREET ADDRESS 455 WINTER ST.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☒ Delete  
NAME NORMAN, WILLIE LEE  
STREET ADDRESS 2085 BROOKLYN RD.  
CITY-ST-ZIP JACKSONVILLE 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 SD ☒ Change ☒ Addition  
NAME Shirley Ann Stappard  
STREET ADDRESS 2070 Morehouse Rd  
CITY-ST-ZIP Jacksonville, FL 32209

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

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:

*Letha B. Norman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/2K

Date

904/764-3177

Daytime Phone #

CR2E037 (9/99)