

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000001288

1. Entity Name

WELCOME HOME MINISTRIES, INC.

Principal Place of Business

Mailing Address

9570 REGENCY SQUARE BLVD.
JACKSONVILLE FL 32225

9570 REGENCY SQUARE BLVD.
JACKSONVILLE FL 32225-0100

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

59-3222344

Applied For

Not Applicable

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

CENAC, CONNIE
9570 REGENCY SQUARE BLVD.
JACKSONVILLE FL 32225

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P/D ☒ Delete
NAME GRIMSLEY, SANDRA
STREET ADDRESS 9570 REGENCY SQUARE BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE ☒ S/D ☐ Change ☒ Addition
NAME Cenac, Connie
STREET ADDRESS 9570 Regency Square Blvd.
CITY-ST-ZIP Jacksonville, FL. 32225

TITLE VPD ☒ Delete
NAME HUNT, JILL
STREET ADDRESS 9570 REGENCY SQUARE BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32225

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

TITLE ~~P/D~~ ☐ Delete
NAME BARKER, PAUL
STREET ADDRESS 9570 REGENCY SQUARE BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32225

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

TITLE S/D ☒ Delete
NAME BAUGH, STEVE
STREET ADDRESS 9570 REGENCY SQUARE BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32225

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

TITLE ~~T/D~~ ☐ Delete
NAME BARKER, DEBORAH
STREET ADDRESS 9570 REGENCY SQUARE BLVD
CITY-ST-ZIP JACKSONVILLE FL 32225

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

TITLE D ☒ Delete
NAME JOHNSTON, CARMEN
STREET ADDRESS 9570 REGENCY SQUARE BLVD
CITY-ST-ZIP JACKSONVILLE FL 32225

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: Paul Barker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/2000 (904) 725-7100

Date

Daytime Phone #

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90225 027 ****61.25

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DO NOT WRITE IN THIS SPACE