

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000375

1. Entity Name

MONUMENT HOUSE OF FAITH, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90116 009 ****70.00

Principal Place of Business

1509 MAYPORT ROAD
ATLANTIC BEACH FL 32233

Mailing Address

1509 MAYPORT ROAD
ATLANTIC BEACH FL 32233-1944

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3225292

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JACKSON, ARLETHIA M
3544 BROCKWAY ROAD
JACKSONVILLE FL 32250-1518

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	PD	<input type="checkbox"/> Delete
NAME	JACKSON, ARLETHIA	
STREET ADDRESS	3544 BROCKWAY ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32250-1518	
TITLE	STR	<input type="checkbox"/> Delete
NAME	SELLERS, ALCINDA	
STREET ADDRESS	307 9TH STREET SOUTH	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	TRBT	<input type="checkbox"/> Delete
NAME	JACKSON, JOHN W	
STREET ADDRESS	1544 BROCKWAY ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32250-1518	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Arlethia M Jackson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/4/00

Daytime Phone #

904 247-0929

CR2E037 (9/99)