

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000000557

1. Entity Name

NEW FAITH HOLY MISSION APOSTOLIC CHURCH OF JESUS
CHRIST, INC.

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90088 040 ****61.25

Principal Place of Business

1602 W. 31ST STREET
JACKSONVILLE FL 32209-3855

Mailing Address

1602 W. 31ST STREET
JACKSONVILLE FL 32209-3855

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 59-3227274

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNNAM, LOTTIE M
1602 W. 31ST STREET
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

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 DPT ☐ Delete
NAME DUNNAM, LOTTIE M
STREET ADDRESS 5537 KANKAKEE BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE DS ☐ Delete
NAME LLOYD, LESLIE T
STREET ADDRESS 1617 CHATHAM ROAD
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE DAS ☐ Delete
NAME LLOYD, GEARLDINE
STREET ADDRESS 1858 BROADWAY AVE.
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Delete
NAME CRUTHFIELD, ALBERT
STREET ADDRESS 1310 W. 31ST STREET
CITY-ST-ZIP JACKSONVILLE FL 32207

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 ☐ Change ☐ Addition
NAME
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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:

SIGNATURE REQUIRED

Lottie Mae Dunnam

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)