

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004517

1. Entity Name

SISTERS... "OVERCOMERS IN CHRISTIAN UNITY" MINIST

Principal Place of Business

7283 OLD MIDDLEBURG ROAD  
JACKSONVILLE FL 32210

Mailing Address

7283 OLD MIDDLEBURG ROAD  
JACKSONVILLE FL 32210

2. Principal Place of Business

6316 San Juan Ave #12

3. Mailing Address

6316 San Juan Ave #12

Suite, Apt. #, etc.

12

Suite, Apt. #, etc.

12

City & State

Jacksonville

City & State

FL

4. FEI Number

59-3276254

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BARLOW, A. WELLINGTON  
24 N. MARKET ST., STE. 502  
JACKSONVILLE FL 32202

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	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, ANN E DR.	
STREET ADDRESS	7283 OLD MIDDLEBURG RD.	
CITY - ST - ZIP	JACKSONVILLE FL 32210	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROCK, BILLY	
STREET ADDRESS	501 WASHINGTON STREET 3550 Nancy St.	
CITY - ST - ZIP	JACKSONVILLE FL 32202 32208	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROSBY, GLORIA	
STREET ADDRESS	5239 WASHINGTON ESTATE DR. 4718 Astral St.	
CITY - ST - ZIP	JACKSONVILLE FL 32208 32205	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 20, 2001 8:00 am  
Secretary of State

01-20-2001 90005 048 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)