

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005499

1. Entity Name

**BOLD EVANGELISM, INC.**

Principal Place of Business

Mailing Address

POST OFFICE BOX 8474  
JACKSONVILLE FL 32111

POST OFFICE BOX 8474  
JACKSONVILLE FL 32239-0474

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

**59-3284949**

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

**PRATT, JAMES J ESQ.**  
**233 EAST BAY STREET**  
**STE. 1020**  
**JACKSONVILLE FL 32202**

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:**  
**FEES \$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 PD  
NAME JOY, CHARLES  
STREET ADDRESS 1884 PARKCREST DR.  
CITY-ST-ZIP JACKSONVILLE FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD  
NAME BARTON, ROBERT  
STREET ADDRESS 7610 SADDLE ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32207

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD  
NAME SMITH, JAMES K  
STREET ADDRESS 3718 HERMITAGE ROAD EAST  
CITY-ST-ZIP JACKSONVILLE FL 32211

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD  
NAME PRATT, JAMES J  
STREET ADDRESS 17 SAILFISH DRIVE  
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD  
NAME SCHOU, MARK J  
STREET ADDRESS 676 HAWKS TRACE DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32225

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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**  
**Feb 24, 2000 8:00 am**  
**Secretary of State**

02-24-2000 90005 046 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)