

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005499

1. Entity Name

BOLD EVANGELISM, INC.

Principal Place of Business

POST OFFICE BOX 8474
JACKSONVILLE FL 32111

Mailing Address

POST OFFICE BOX 8474
JACKSONVILLE FL 32111

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

59-3284949

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

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 ☐ Delete
NAME JOY, CHARLES
STREET ADDRESS 1884 PARKCREST DR.
CITY-ST-ZIP JACKSONVILLE FL

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

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

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

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

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

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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
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90113 018 ****61.25

CU041283



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)