

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004743

1. Entity Name

ARMS OF MERCY DRUG FREE RECOVERING MINISTRY INC.

Principal Place of Business

1453 WEST 22ND STREET
JACKSONVILLE FL 32209

Mailing Address

1453 WEST 22ND STREET
JACKSONVILLE FL 32209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04-27-2001 90401 036 ****61.25

0011500

FILED
Apr 27, 2001 8:00 am
Secretary of State

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-3338717

Applied For
Not Applicable

Zip

Country

Zip

Country

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

THOMAS, QUOVADIS
1453 WEST 22ND STREET
JACKSONVILLE FL 32209

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 *Quovadis G. Thomas, President*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

4/24/01

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

CR2E037 (10/00)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS, QUOVADIS G 9034 POLK AVENUE JACKSONVILLE FL 32208	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P. Quovadis G. Thomas</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1801 KEY BISCAYNE JAX, FLA 32218
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURNS, GEORGE 1453 W 22ND STREET JACKSONVILLE FL 32209	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ROBERT LEOUNT</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5729 VERNON Rd JAX, FLA 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMMETT, NOAH 1453 W. 22ND STREET JACKSONVILLE FL 32209	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MA 1534 WEST 7TH AVENUE JACKSONVILLE FL 32209	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Beverly J. Powell</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1453 W. 22nd. ST. JAX, FLA 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEVEL, MARY 1453 W 22ND STREET JACKSONVILLE FL 32209	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Bessie Walker</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1453 W. 22nd. ST. JAX, FLA 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T. Karen Jackson</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1453 W. 22nd ST JAX, FLA 32209

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: *Quovadis G. Thomas* *Quovadis G. Thomas* *4/24/01* *(904) 354-2954*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #