

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 07, 2001 8:00 am**  
**Secretary of State**

06-07-2001 90005 035 \*\*\*\*70.00

**DOCUMENT # N96000002558**

1. Entity Name

"LABOR OF LOVE" MINISTRY OF MACCLENNY, INC.

Principal Place of Business

1210 S 5TH STREET  
 MACCLENNY FL 32063

Mailing Address

1210 S 5TH STREET  
 MACCLENNY FL 32063

2. Principal Place of Business

1210 S 5TH ST.  
 Suite, Apt. #, etc.

3. Mailing Address

1210 S 5TH ST.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 MACCLENNY, FL

Zip  
 32063  
 Country  
 BAKER

City & State  
 MACCLENNY, FL

Zip  
 32063  
 Country  
 BAKER

4. FEI Number  
 31-1484184

Applied For  
 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FREDERICK, HENRY D  
 1210 S 5TH STREET  
 MACCLENNY FL 32063

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.

(NOT: 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	<input type="checkbox"/> Delete
NAME	FREDERICK, HENRY D	
STREET ADDRESS	1210 S. FIFTH ST.	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE	STD	<input type="checkbox"/> Delete
NAME	COLBERT, DAWN M	
STREET ADDRESS	631 DOUBERLY RD	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RAWLS, VINCENT	
STREET ADDRESS	DUPREE RD RT BOX 789	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE	D	<input type="checkbox"/> Delete
NAME	RHODEN, THOMAS R	
STREET ADDRESS	515 S. SIXTH ST.	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRKLAND, GRANVEL S	
STREET ADDRESS	CTY. RD. 125 NORTH	
CITY-ST-ZIP	GLEN ST. MARY FL 32040	
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 is 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:

*Henry D. Frederick*

6-4-01 (904) 233-8114

CR2E037 (10/00)