

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90056 022 ****61.25

DOCUMENT # N97000001559

1. Entity Name

METRO INNER-CITY SUNDAY SCHOOLS OF JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

1196 KNOLL DRIVE WEST
JACKSONVILLE FL 32211

1196 KNOLL DRIVE WEST
JACKSONVILLE FL 32211

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

59-3433761

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

LANE, TERRY M
1196 KNOLL DRIVE WEST
JACKSONVILLE FL 32211

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	LANE, TERRY M	
STREET ADDRESS	1196 KNOLL DRIVE WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANE, KATHRYN M	
STREET ADDRESS	1196 KNOLL DRIVE WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MILLARD, KRISTA	
STREET ADDRESS	1196 KNOLL DRIVE WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, SCOTT	
STREET ADDRESS	4070 HERSCHEL ST. ADDITION	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCINTYRE, HOWARD	
STREET ADDRESS	5335 RAMONA BLVD ADDITION	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARSWELL, BOBBY	
STREET ADDRESS	8491 CASSIDY RD. ADDITION	
CITY-ST-ZIP	JACKSONVILLE, FL 32221	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHOENIX, NICK	
STREET ADDRESS	7137 N. MAIN ST.	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHEN, RONNIE	
STREET ADDRESS	11150 FT. CAROLINE RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHEN, ANNA	
STREET ADDRESS	11150 FT. CAROLINE RD.	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUMPHREY, DAVE	
STREET ADDRESS	1013 CAHOON RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32221	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POWELL, SHERI	
STREET ADDRESS	414 Wheatfield Ct.	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
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

2-08-02

Date

904-786-0018

Daytime Phone #

CR2E037 (9/01)