

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001770 (3)

1. Entity Name

CONQUERING GOSPEL MINISTRY, INC.

Principal Place of Business

Mailing Address

2600 ART MUSEUM DRIVE #173
JACKSONVILLE, FL 32207

2600 ART MUSEUM DRIVE #173
JACKSONVILLE, FL 32207

2. Principal Place of Business

3107 Spring Glen Road
Suite, Apt. #, etc.
Suite 205

3. Mailing Address

P.O. Box 13164
Suite, Apt. #, etc.

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip

32207

Country

Zip

32206

Country

4. FEI Number

59-3436090

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Long, Jimmie L.
2600 Art Museum Drive, Apt. 173
Jacksonville, FL 32207

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 D ☐ Delete
NAME Long, Jimmie L.
STREET ADDRESS 2600 Art Museum Drive #173
CITY-ST-ZIP Jacksonville, FL 32207

TITLE D ☐ Delete
NAME Long, Joyce
STREET ADDRESS 3107 Spring Glen Rd., Suite 205
CITY-ST-ZIP Jacksonville, FL 32207

TITLE D ☐ Delete
NAME Howard, Emma R.
STREET ADDRESS 3107 Spring Glen Rd., Suite 205
CITY-ST-ZIP Jacksonville, FL 32207

TITLE D ☐ Delete
NAME Munford, Charles L. Jr.
STREET ADDRESS 10711 S. 58th Avenue (N/A)
CITY-ST-ZIP Belleview, FL 34420

TITLE D ☐ Delete
NAME Brown, Wallace
STREET ADDRESS 3107 Spring Glen Rd., Suite 205
CITY-ST-ZIP Jacksonville, FL 32207

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME 7000004014387-0
STREET ADDRESS -04/17/01-01111-014
CITY-ST-ZIP *****70.00 *****70.00

TITLE ☐ Change ☐ Addition
NAME 7000004014387-0
STREET ADDRESS -04/17/01-01111-015
CITY-ST-ZIP *****17.50 *****17.50

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Jimmie L. Long

4/5/2001

904 398-3240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)