# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Sep 02, 2002 8:00 am**
**Secretary of State**
09-02-2002 90049 024 ****70.00

DOCUMENT # N97000001770

1. Entity Name

CONQUERING GOSPEL MINISTRY, INC. ✓

| Principal Place of Business | Mailing Address |
|---|---|
| 3107 SPRING GLEN ROAD<br>STE. 205<br>JACKSONVILLE FL 32207 | P.O. BOX 13164<br>JACKSONVILLE FL 32206 |

DO NOT WRITE IN THIS SPACE

| 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 59-3436090 ☐ 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 |
|---|---|
| LONG, JIMMIE L<br>2600 ART MUSEUM DRIVE #173<br>JACKSONVILLE FL 32207 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LONG, JIMMIE L<br>2600 ART MUSEUM DRIVE #173<br>JACKSONVILLE FL 32207 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>LONG, JOYCE<br>3107 SPRING GLEN RD., STE. 205<br>JACKSONVILLE FL 32207 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP<br>D | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HOWARD, EMMA R<br>3107 SPRING GLEN RD., STE. 205<br>JACKSONVILLE FL 32207 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP<br>James Felicia<br>3107 SPRING GLEN Rd.Suite 205<br>Jacksonville, Fl 32207 | ☒ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>MUNFORD, CHARLES L JR.<br>10711 S. 58TH AVENUE<br>BELLEVIEW FL 34420 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BROWN, WALLACE<br>3107 SPRING GLEN RD. STE. 205<br>JACKSONVILLE FL 32207 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP<br>D<br>Long, Jennifer D.<br>3107 SPRING GLEN RD. STE. 205<br>JACKSONVILLE FL 32207 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

CR2E037 (9/01)

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 REQUIRED Jimmie L. Long 8/21/2002 904.551-6885 904 398 5503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001770 / 677327

1. Entity Name

CONQUERING GOSPEL MINISTRY, INC.

Attachment

[redacted]

DO NOT WRITE IN THIS SPACE

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|---|---|
| 3107 SPRING GLEN ROAD<br>STE. 205<br>JACKSONVILLE FL 32207 | P.O. BOX 13164<br>JACKSONVILLE FL 32206 |

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|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3436090 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

LONG, JIMMIE L
2600 ART MUSEUM DRIVE #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 $81.25**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

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SIGNATURE: Jimmie L. Long 8/21/2002 904-551-6885 904 398 5503
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #