

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003027

1. Entity Name

JOSEPH'S HOUSE COUNSELING MINISTRY, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90549 032 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1945 PERRY PL  
JACKSONVILLE FL 32207

3134 WELLESLEY SQ  
JACKSONVILLE FL 32207-4278

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

59-3514617

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

HOUSTON, CLARENCE H JR  
1050 RIVERSIDE AVE  
CONE, YOUNG, STEWART, & HOUSTON, P.A.  
JACKSONVILLE FL 32204

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** ☐ Delete  
NAME **HOUSTON, BERRYLIN M**  
STREET ADDRESS **3134 WELLESLEY SQ**  
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ Change ☒ Addition  
NAME **C.H. HOUSTON**  
STREET ADDRESS **3134 Wellesley Sq**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **MOORE, MARLIN**  
STREET ADDRESS **1945 PERRY PL**  
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ Change ☒ Addition  
NAME **C.H. HOUSTON**  
STREET ADDRESS **1050 RIVERSIDE AVE**  
CITY-ST-ZIP **JACKSONVILLE, FL 32204**

TITLE **D** ☒ Delete  
NAME **WHITE, PASTOR D**  
STREET ADDRESS **1945 PERRY PL**  
CITY-ST-ZIP **JACKSONVILLE FL 32207**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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:

*Signature of C.H. Houston*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.24.00

904.399.1559

Date

Daytime Phone #