

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90066 043 \*\*\*\*70.00

**DOCUMENT # N97000003177**

1. Entity Name

**JACKSON & JACKSON MINISTRIES, INC.**

Principal Place of Business

Mailing Address

**740 N.W. 207TH ST.  
MIAMI FL 33169****740 N.W. 207TH ST.  
MIAMI FL 33169**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0757196**

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****JACKSON, JR, ARTHUR REV  
740 N.W. 207TH ST.  
MIAMI FL 33169**

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          | PD                      | <input type="checkbox"/> Delete |
| NAME           | JACKSON, JR, ARTHUR REV |                                 |
| STREET ADDRESS | 740 N.W. 207TH ST.      |                                 |
| CITY-ST-ZIP    | MIAMI FL 33169          |                                 |

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | Director               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Brenda Lovett          |  |
| STREET ADDRESS | 6711 N. W. 29th Avenue |  |
| CITY-ST-ZIP    | Miami, FL 33147        |  |

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | SD                 | <input type="checkbox"/> Delete |
| NAME           | RICHARDSON, GLORIA |                                 |
| STREET ADDRESS | 740 N.W. 207TH ST. |                                 |
| CITY-ST-ZIP    | MIAMI FL 33169     |                                 |

|                |                                   |  |
|----------------|-----------------------------------|--|
| TITLE          | Director                          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Rev. Johnny Barber                |  |
| STREET ADDRESS | 18920 N. W. 27th Avenue, Apt. 201 |  |
| CITY-ST-ZIP    | Miami, FL 33056                   |  |

|                |                    |                                 |
|----------------|--------------------|---------------------------------|
| TITLE          | TD                 | <input type="checkbox"/> Delete |
| NAME           | JACKSON, ALEXANDER |                                 |
| STREET ADDRESS | 740 N.W. 207TH ST. |                                 |
| CITY-ST-ZIP    | MIAMI FL 33169     |                                 |

|                |                               |  |
|----------------|-------------------------------|--|
| TITLE          | Director                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Edward Johnson                |  |
| STREET ADDRESS | 1100 N. W. Little River Drive |  |
| CITY-ST-ZIP    | Miami, FL 33147               |  |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |                         |  |
|----------------|-------------------------|--|
| TITLE          | Director                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Roderick McPhee         |  |
| STREET ADDRESS | 1400 N. W. 207th Street |  |
| CITY-ST-ZIP    | Miami, FL 33169         |  |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| 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"/> Delete |
| 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 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:

*Brenda Lovett*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/1/02

Daytime Phone #

305-835-8280

CR2E037 (9/01)