

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006884

1. Entity Name

VOICE OF JOY SANCTUARY OF GLORY FAMILY WORSHIP C

Principal Place of Business

570 S ELLIS RD.  
JACKSONVILLE FL 32254

Mailing Address

570 S ELLIS RD.  
JACKSONVILLE FL 32254-3555

2. Principal Place of Business

7660-2 Gainesville Avenue

Suite, Apt. #, etc.

3. Mailing Address

7660-2 Gainesville Avenue

Suite, Apt. #, etc.

City & State

Jacksonville, FL 32208

Zip

32208

Country

U.S.A.

City & State

Jacksonville, FL

Zip

32208

Country

U.S.A.

4. FEI Number

59-3500841

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

COLEMAN, ALLEN B  
7660-2 GAINSVILLE AVE  
JACKSONVILLE FL 32208

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

4-18-2000

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 PD ☐ Delete  
NAME COLEMAN, ALLEN B  
STREET ADDRESS 3883 STAR TREE ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE COPD ☐ Delete  
NAME COLEMAN, ANGELA B  
STREET ADDRESS 3883 STAR TREE ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D ☐ Delete  
NAME DEAS, VANILLA  
STREET ADDRESS 3883 STAR TREE ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32210

TITLE D ☒ Delete  
NAME WILCOX, JESSE  
STREET ADDRESS 819 MAGIC COVE LN  
CITY-ST-ZIP JACKSONVILLE FL 32218

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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  
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-2000

Date

(904) 766-6866

Daytime Phone #

CR2E037 (9/99)