

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90511 031 *****70.00

DOCUMENT # N97000006884

1. Entity Name

VOICE OF JOY SANCTUARY OF GLORY FAMILY WORSHIP C

Principal Place of Business

7660-2 GAINESVILLE AVENUE
 JACKSONVILLE FL 32208

Mailing Address

7660-2 GAINESVILLE AVENUE
 JACKSONVILLE FL 32208

2. Principal Place of Business

1660 Blanding Boulevard

3. Mailing Address

1660 Blanding

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

59-3500841

Applied For

Not Applicable

Zip

32210

Country

U.S.A.

Zip

32210

Country

U.S.A.

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

1660 Blanding Blvd.

City

Jacksonville

FL

Zip Code
32210

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

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

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
11544 SUMMER HAVEN BOULEVARD N.
JACKSONVILLE, FL 32258

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
11544 SUMMER HAVEN BOULEVARD N.
JACKSONVILLE, FL 32258

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☒ Change ☐ Addition
8829 Falcon Trace Drive S.
JACKSONVILLE, FL 32222

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

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

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

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:

ALL INFORMATION REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-2001 (904)981-3071

Date

Daytime Phone #

CR2E037 (10/00)