

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000190

1. Entity Name

LOVING GLOBE MISSION CHURCH INC.

Principal Place of Business

Mailing Address

12549 TURNBERRY DRIVE  
JACKSONVILLE FL 32225

12549 TURNBERRY DRIVE  
JACKSONVILLE FL 32225-4604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville FL

Zip  
32227

Country

USA

Zip

Country

4. FEI Number

59-3431574

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

MENARD, RAY  
12549 TURNBERRY DRIVE  
JACKSONVILLE FL 32225

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

T  
MENARD, KYONG  
12549 TURNBERRY DR  
JACKSONVILLE FL 32225 ☐ Delete

☐ Change ☐ Addition

STT  
MENARD, RAY  
12549 TURNBERRY DR  
JACKSONVILLE FL 32225 ☐ Delete

☐ Change ☐ Addition

T  
BAGNATO, KYONG  
3450 TOWNSEND BLVD #35  
JACKSONVILLE FL 32211 ☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Apr 19, 2000 8:00 am  
Secretary of State

04-19-2000 90085 001 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4/12/00

(954)  
565-0071