

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000591

1. Entity Name

JESUS CARES MISSION MINISTRIES, INC.

Principal Place of Business

Mailing Address

3475 ROSE WOOD WAY
115R
ORLANDO FL 32855

PO BOX 555608
ORLANDO FL 32855

2. Principal Place of Business

3. Mailing Address

3975 Rose Wood Way
Suite, Apt. #, etc.
115R

P.O. Box 555608
Suite, Apt. #, etc.

City & State

City & State

Orlando, FL

Orlando, FL

Zip

Country

Zip

Country

32810

Orange

32855

Orange

6. Name and Address of Current Registered Agent

4. FEI Number

59-3483615

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

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

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
NAME PRIESTER, YVONNE
STREET ADDRESS 1726 MERCY DR. #1
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

TITLE Creator, JMD VD 1st Secretary
NAME Priestester, Yvonne
STREET ADDRESS 7100 S. Orange Blossom Trail # 111
CITY-ST-ZIP Orlando, FL 32809 ☐ Change ☐ Addition

TITLE VD
NAME PRIESTER, ARTESHA
STREET ADDRESS 712 JAMES ST
CITY-ST-ZIP JACKSONVILLE FL 32254 ☐ Delete

TITLE VD 1st Secretary
NAME Priestester, Artesha
STREET ADDRESS 7844 Gregory Dr 2402
CITY-ST-ZIP Jacksonville, FL 32210 ☒ Change ☐ Addition

TITLE D
NAME SKIPPER, G. K
STREET ADDRESS 1920 PULLMAN COURT
CITY-ST-ZIP JACKSONVILLE FL 32209 ☐ Delete

400008401794
10/16/02--01049--010 **\$67.00 ☐ Change ☐ Addition

TITLE SD
NAME LAMB, CLAUDIA
STREET ADDRESS 1804 ELMRIDGE COURT
CITY-ST-ZIP ORLANDO FL 32808 ☐ Delete

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

TITLE VD
NAME SINGLETON, SAMMIE JR
STREET ADDRESS 1724 W. 16TH ST.
CITY-ST-ZIP JACKSONVILLE FL 32209 ☐ Delete

TITLE President
NAME Singleton, Sammie Jr
STREET ADDRESS 1724 W. 16th St
CITY-ST-ZIP Jacksonville, FL 32 ☒ Change ☐ Addition

TITLE TD
NAME ROLLINS, DAVID
STREET ADDRESS 2042 LONG ST.
CITY-ST-ZIP ORLANDO FL 32805 ☐ Delete

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)(f), 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

10/16/02

CR2E037 (9/01)