

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 10, 2003 8:00 am
Secretary of State

09-10-2003 90050 025 ****67.00

DOCUMENT # N98000000591

1. Entity Name
JESUS CARES MISSION MINISTRIES, INC.



Principal Place of Business

**3975 ROSE WOOD WAY
115R
ORLANDO FL 32855**

Mailing Address

**PO BOX 555608
ORLANDO FL 32855**

2. Principal Place of Business

3778 RS Rio Grande Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

Orlando, Fla

City & State

4. FEI Number **59-3483615**

Applied For

Not Applicable

Zip

32839

Country

Orange

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PRIESTER, YVONNE
631 WEST DALE AVENUE
ORLANDO FL 32805**

7. Name and Address of New Registered Agent

Name **Priester, Yvonne**

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

431 S Parramore Avenue

City

Orlando

FL

Zip Code

32805

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **2VDS** ☐ Delete
NAME **PRIESTER, YVONNE**
STREET ADDRESS **7100 S ORANGE BLOSSOM TRAIL #111**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **VDS** ☐ Delete
NAME **PRIESTER, ARTESHA**
STREET ADDRESS **7844 GREGORY DR. 2402**
CITY-ST-ZIP **JACKSONVILLE FL 32210**

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

TITLE **SD** ☒ Delete **YP**
NAME **LAMB, CLAUDIA** **Director**
STREET ADDRESS **1804 ELMRIDGE COURT**
CITY-ST-ZIP **ORLANDO FL 32808**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **2VDS** ☐ Change ☐ Addition
NAME **Priester, Yvonne**
STREET ADDRESS **431 S Parramore Ave**
CITY-ST-ZIP **Orlando, Florida 32805**

TITLE **VDS** ☐ Change ☐ Addition
NAME **Priester, Artesha**
STREET ADDRESS **5228 FIRESTONE RD #169**
CITY-ST-ZIP **Jacksonville, FL 32210**

TITLE **D** ☐ Change ☐ Addition
NAME **Skipper G K YP**
STREET ADDRESS **19**
CITY-ST-ZIP

TITLE **D** ☒ Change ☐ Addition
NAME **Lamb, Claudia**
STREET ADDRESS **1804 Elmridge Court**
CITY-ST-ZIP **Orlando, FL 32808**

TITLE **P** ☐ Change ☐ Addition
NAME **Singleton, Sammie Jr**
STREET ADDRESS **1724 W. 16th St. YP YP**
CITY-ST-ZIP **Jacksonville, FL 32209**

TITLE **TD** ☐ 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: **THOMAS J. BAKER REQUIRED**

9/8/03 407 697-5775

CR2E037 (10/02)

Attachment

80146675
N98000000591

SD -- Secretary Director

☐ Change ☒ Addition

Rackard, Diane

3778 R S. Rio Grande Avenue

Orlando, Florida 32839