

2000 UNIFORM BUSINESS REPORT (UBR)

4/14
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DOCUMENT # N98000006843

1. Entity Name

SEVEN DAY SABBATH, EVERY DAY JESUS, TEACHING MIN

FILED
May 18, 2000 8:00 am
Secretary of State

04-14-2000 90043 001 ****61.25
04-14-2000 90043 002 *****8.75

Principal Place of Business Mailing Address
2667 EDISON AVE PO BOX 12824
JACKSONVILLE FL 32254 JACKSONVILLE FL 32209-0824



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1837 Pearl Street Suite, Apt. #, etc.

City & State Zip Country
Jax. Fla. 32206 U.S.A.

4. FEI Number 59-3586088 Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BLACKWELL, DARILINE
1321 SILVER STREET
JACKSONVILLE FL 32206

7. Name and Address of New Registered Agent
Name Blackwell, Dariline
Street Address (P.O. Box Number is Not Acceptable)
2591 Myra Street
City Jacksonville FL Zip Code 32204

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 Dariline Blackwell, Pastor 4-9-2000
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 D BLACKWELL, DARILINE P
NAME BLACKWELL, DARILINE P
STREET ADDRESS P.O. BOX 12814
CITY-ST-ZIP JACKSONVILLE FL 32209
TITLE D BLACKWELL, CHARLES
NAME BLACKWELL, CHARLES
STREET ADDRESS P.O. BOX 12824
CITY-ST-ZIP JACKSONVILLE FL 32209
TITLE D RIVERS, ARETHA D
NAME RIVERS, ARETHA D
STREET ADDRESS 1331 SILVER STREET
CITY-ST-ZIP JACKSONVILLE FL 32206
TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE D
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE D Blackwell, Dariline P. Change
NAME Blackwell, Dariline P.
STREET ADDRESS P.O. BOX 12824
CITY-ST-ZIP Jacksonville FL 32209
TITLE D Blackwell, Charles Change
NAME Blackwell, Charles
STREET ADDRESS P.O. BOX 12824
CITY-ST-ZIP Jacksonville FL 32209
TITLE T Margaret Lee Change
NAME Margaret Lee
STREET ADDRESS 1835 West 4th St.
CITY-ST-ZIP Jacksonville FL 32209
TITLE T Bell, Derrick Change
NAME Bell, Derrick
STREET ADDRESS P.O. BOX 12824
CITY-ST-ZIP Jacksonville FL 32209
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
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: Dariline Blackwell 4-9-2000 (904) 981-0593
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

The changes were made in the blue ink.
(904) 981-0593
Thank You!

CR2E037 (9/99)