

2001 UNIFORM BUSINESS REPORT (UBR)

4/10/

FILED
May 18, 2001 8:00 am
Secretary of State

04-10-2001 90055 038 ****70.00

DOCUMENT # N98000006843

1. Entity Name

SEVEN DAY SABBATH, EVERY DAY JESUS, TEACHING MIN

Principal Place of Business

1837 PEARL STREET
 JACKSONVILLE FL 32206

Mailing Address

PO BOX 12824
 JACKSONVILLE FL 32209

2. Principal Place of Business

1837 PEARL St. North

Suite, Apt. #, etc.

N/A

City & State

Jacksonville Florida

Zip

32206

Country

United States

3. Mailing Address

PO BOX 12824

Suite, Apt. #, etc.

N/A

City & State

Jacksonville Florida

Zip

32209

Country

United States



DO NOT WRITE IN THIS SPACE

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, DARLINE
 2591 MYNA STREET
 JACKSONVILLE FL 32204

7. Name and Address of New Registered Agent

Name Blackwell, Darline

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

1811 West 4th St.

City Jacksonville

FL

Zip Code

32209

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

Darline Blackwell / Pastor

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-5-01

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 ☐ Delete
 NAME BLACKWELL, DARLINE P
 STREET ADDRESS P.O. BOX 12814
 CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE D ☐ Delete
 NAME BLACKWELL, CHARLES
 STREET ADDRESS P.O. BOX 12824
 CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE D ☒ Delete
 NAME RIVERS, ARETHA D
 STREET ADDRESS 1331 SILVER STREET
 CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☐ Addition
 NAME BLACKWELL, DARLINE P.
 STREET ADDRESS 1811 WEST 4th Street
 CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE D ☐ Change ☐ Addition
 NAME BLACKWELL, CHARLES K.
 STREET ADDRESS 1811 WEST 4th Street
 CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE DIT ☐ Change ☒ Addition
 NAME BELL, DERRICK
 STREET ADDRESS 1567 W. 30th St.
 CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE T ☐ Change ☒ Addition
 NAME LEE, MARGARET
 STREET ADDRESS 2558 CALVIN Street
 CITY-ST-ZIP JACKSONVILLE FL 32204

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

TITLE ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-01 (904) 791-3112

Date

Daytime Phone #

CR2E037 (10/00)