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

FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90178 032 ****70.00

DOCUMENT # N98000006843

1. Entity Name
SEVEN DAY SABBATH, EVERY DAY JESUS, TEACHING MINISTRY, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1837 North Pearl St.	1811 West 4th St
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville Fl	City & State: Jacksonville Fl
Zip: 32206 Country: USA	Zip: 32209 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-358 6088 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: BLACKWELL DARLINE

Street Address (P.O. Box Number is Not Acceptable): 1811 WEST 4th Street

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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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 NAME: BLACKWELL DARLINE P STREET ADDRESS: 1811 WEST 4th St. CITY-ST-ZIP: JACKSONVILLE FL 32209	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: BLACKWELL CHARLES STREET ADDRESS: 1811 WEST 4th St. CITY-ST-ZIP: JACKSONVILLE FL. 32209	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: D NAME: BELL, DERRICK STREET ADDRESS: 1567 WEST 30th St. CITY-ST-ZIP: JACKSONVILLE FL. 32209	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: DO NOT WRITE
TITLE: T NAME: LEE, MARGARET STREET ADDRESS: 2558 CALVIN St CITY-ST-ZIP: JACKSONVILLE FL. 32204	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: IN THIS SPACE
TITLE: T NAME: BELL, SHENIECE STREET ADDRESS: 1567 WEST 30th St CITY-ST-ZIP: JACKSONVILLE FL. 32209	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Darline P. Blackwell 4-24-02 (904)791-3112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #