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

FILED
Jul 13, 2004 8:00 am
Secretary of State
07-13-2004 90002 045 ****62.00

DOCUMENT # N99000000215

1. Entity Name
ST JOHN'S CHRISTIAN COALITION MIN.

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54062106

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2. Principal Place of Business	3. Mailing Address
1571 Garda Avenue	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sanford, Florida	City & State
Zip: 32771 Country: Seminole	Zip Country

4. FEI Number 59-3554992 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Lewis Knight

Street Address (P.O. Box Number is Not Acceptable): 1571 Garda Avenue

City: Sanford FL Zip Code: 32771

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

FEE $8.75 Must Be Typed On Annual UBR

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	PRESIDENT/CEO
NAME	Lewis Knight
STREET ADDRESS	1571 Garda Avenue
CITY-ST-ZIP	Sanford, FL 32771
TITLE	EXC. SECRETARY
NAME	Debra Lawrence-Knight
STREET ADDRESS	1571 Garda Avenue
CITY-ST-ZIP	Sanford, Florida 32771
TITLE	Treasurer
NAME	Taheerah Lawrence
STREET ADDRESS	4589 Lighthouse Dr.
CITY-ST-ZIP	Orlando, FL 32808
TITLE	Director
NAME	Shabra Pinckney
STREET ADDRESS	1522 Willow Key
CITY-ST-ZIP	Orlando, FL 32811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E037B (12/02)

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: Lewis Knight 7-6-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #