

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

DOCUMENT # *N99000000215*  
1. Entity Name  
*St. John's Christian Coalition Ministries Inc*

FILED  
03 JAN 31 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
*1571 Garda Avenue*  
Suite, Apt. #, etc.  
City & State  
*Sanford, Florida*  
Zip  
*32771*  
Country  
*Seminole*

3. Mailing Address  
*Same*  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

DO NOT WRITE IN THIS SPACE

03

4. FEI Number  
*59-3554992*  
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  
*Bishop 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.

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

**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 NAME STREET ADDRESS CITY-ST-ZIP	<i>✓ FOUNDER/CEO, President Bishop Lewis Knight 1571 Garda Avenue Sanford, Florida</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>000011593040 01/31/03--01055--017 **61.25</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>✓ Executive Secretary, Director Debra Lawrence-Knight 1571 Garda Avenue Sanford, FL 32771</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>✓ Director, Member Board 3 Cristine Knight 1571 Garda Ave Sanford, FL 32771</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>✓ Director, Member Board 3 Elder Michael Valler 1571 Garda Ave Sanford, FL 32771</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>✓ Director, Member Board 3 Elder James Harris 1571 Garda Ave Sanford, FL 32771</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

*1/31/03*

CR2E037B (12/01)