

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N99000001231**

1. Entity Name

RePAIred of The Branch Outreach
Ministries INC

APPROVED
AND
FILED

01 APR 20 PM 1:16

Principal Place of Business

Mailing Address

3520 Lenox Ave
JACKSONVILLE FL 32254

P.O. Box 440-967
JACKSONVILLE FL 32222

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

JACKSONVILLE FL

4. FEI Number

59-3401039

Applied For

Not Applicable

Zip

Country

Zip

Country

32244

FL

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINDA LATHERS
7819 AUSTIN Rd
JACKSONVILLE, FL 32244

Name

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

City

FL

Zip Code

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

Linda Lathers

4-20-2001

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

(NOT) 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP
NAME LINDA LATHERS
STREET ADDRESS 7819 AUSTIN Rd
CITY-ST-ZIP JAX FL 32244

☐ Delete

TITLE VPD
NAME RUFUS HOFF
STREET ADDRESS 1666 VAN EPPS
CITY-ST-ZIP ALABAMA GA 30334

☒ Delete

TITLE S
NAME WANDA Dickey
STREET ADDRESS 9960 NORMANDY
CITY-ST-ZIP JAX FL

☒ Delete

TITLE S
NAME PATTY Pierre
STREET ADDRESS 9960 NORMANDY
CITY-ST-ZIP

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

800004036258-6
-04/20/01--01100--020
****140.00 *****70.00

TITLE VPD
NAME Vice President
STREET ADDRESS LUCIUS THOMPSON
CITY-ST-ZIP 7880 LANCIA ST JAX FL 32244

☒ Change ☐ Addition

TITLE S
NAME ERNESTINE LAWSON
STREET ADDRESS 7880 LANCIA ST
CITY-ST-ZIP JAX FL 32244

☐ Change ☐ Addition

TITLE TAD
NAME LANCIA Jeter
STREET ADDRESS 3520 Lenox Ave
CITY-ST-ZIP JACKSONVILLE FL 32254

☒ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 no 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:

Linda Lathers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)