

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 22, 2000 8:00 am
Secretary of State

04-12-2000 90049 013 ****70.00

DOCUMENT # N99000002225

1. Entity Name

CIRCUMCISION OF THE HEART MINISTRIES, INC.

Principal Place of Business

2185 KINGSTON STREET
 JACKSONVILLE FL 32209

Mailing Address

2185 KINGSTON STREET
 JACKSONVILLE FL 32209-6993

2. Principal Place of Business

1051 PROSPECT STREET

Suite, Apt. #, etc.

3. Mailing Address

1051 PROSPECT STREET

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLA.

City & State

JACKSONVILLE, FLA.

Zip

32254

Country

USA

Zip

32254

Country

USA

4. FEI Number

59-3628952

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FERRELL, TYRONE
 2185 KINGSTON STREET
 JACKSONVILLE FL 32209

7. Name and Address of New Registered Agent

Name

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

1051 PROSPECT STREET

City

JACKSONVILLE, FLA. 32254 FL

Zip Code
 32254

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

TYRONE FERRELL - PASTOR/PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

03-02-00

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	C	<input type="checkbox"/> Delete
NAME	HALL, JOSEPH N JR.	
STREET ADDRESS	2680 U.S. HWY 301 SOUTH (D-2)	D
CITY-ST-ZIP	JESUP GA 31599	
TITLE	P	<input type="checkbox"/> Delete
NAME	FERRELL, TYRONE	
STREET ADDRESS	2185 KINGSTON STREET	D
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HALL, DAVID L	
STREET ADDRESS	2680 U.S. HWY. 301 SOUTH (D-2)	D
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FERRELL, OLIVIA A	
STREET ADDRESS	2185 KINGSTON STREET	D
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1051 PROSPECT ST
CITY-ST-ZIP	JACKSONVILLE, FLA. 32254
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1051 PROSPECT ST
CITY-ST-ZIP	JACKSONVILLE, FL 32254
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 OF TYRONE FERRELL 03-02-00 (904) 389-9015

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)