

UNIFORM BUSINESS REPORT (UBR)

6/

FILED
Jul 25, 2000 8:00 am
Secretary of State

06-30-2000 90004 043 ****66.25

DOCUMENT # **N99 00000 3732**
 1. Entity Name
Jesus Christ Church of Love, Grace, & Mercy Inc.

Principal Place of Business
635 Main Street
Apopka, FL 32703

2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
2044 Lacey Oaks Drive

City & State
Apopka, FL

4. FEI Number
59-3569881

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

6. Name and Address of Current Registered Agent
Sandra Gill Monroe
2044 Lacey Oaks Dr.
Apopka, FL 32703

7. Name and Address of New Registered Agent
 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 **Sandra D. Monroe** DATE **6-6-00**

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 D	Pastor Henry C Monroe <input type="checkbox"/> Delete	TITLE T	Secretary/Treasury <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	2044 Lacey Oaks Drive	NAME	MARY WOODS
STREET ADDRESS	Apopka, FL 32703	STREET ADDRESS	P.O. Box 423005
CITY-ST-ZIP		CITY-ST-ZIP	Kissimmee, FL 34742
TITLE	Vice President <input type="checkbox"/> Delete	TITLE T	ELDER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandra Monroe	NAME	Isaiah Woods
STREET ADDRESS	2044 Lacey Oaks Drive	STREET ADDRESS	P.O. Box 423005
CITY-ST-ZIP	Apopka, FL 32703	CITY-ST-ZIP	Kissimmee, FL 34742
TITLE		TITLE	Coordinator <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Angela Sheppard
STREET ADDRESS		STREET ADDRESS	4240 Columbia Street
CITY-ST-ZIP		CITY-ST-ZIP	Orlando, FL 32808
TITLE		TITLE	Alternate OFFICER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Foto Florine Blair
STREET ADDRESS		STREET ADDRESS	3956 Country Club Dr. Apt 123
CITY-ST-ZIP		CITY-ST-ZIP	Orlando, Florida 32808
TITLE		TITLE T	CO Secretary/Treasury <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Carolyn Boatman
STREET ADDRESS		STREET ADDRESS	3125 Shady Willow Dr
CITY-ST-ZIP		CITY-ST-ZIP	Orlando, FL 32808
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Sandra D. Monroe** DATE **JUNE-6-2000**

CR2E037 (9/99)