

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004023

1. Entity Name

UNDER HIS WINGS INC

Principal Place of Business

Mailing Address

6271-24 ST. AUGUSTINE RD., STE. 316
JACKSONVILLE FL 32217

6271-24 ST. AUGUSTINE RD., STE. 316
JACKSONVILLE FL 32217

2. Principal Place of Business

3. Mailing Address

6327 Christopher Crk. Rd. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL.

Zip
32217

Country
Duba!

Zip

Country

4. FEI Number

59-3587936

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'CALLAHAN, MARY M
6327 CHRISTOPHER CRK ROAD WEST
JACKSONVILLE FL 32217

Name
O'Callaghan, Mary M.

Street Address (P.O. Box Number is Not Acceptable)
6327 Christopher Crk. Rd. W.

City
Jacksonville FL Zip Code
32217

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

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

(NOTE: 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
O'CALLAHAN, MARY M
6327 CHRISTOPHER CRK RD. WEST
JACKSONVILLE FL 32217 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
O'CALLAGHAN, MARY M.
6327 CHRISTOPHER CRK. RD. W.
JACKSONVILLE FL 32217 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BIGBY, DOROTHY O
2 ADALIA AVE., #505
TAMPA FL 33606 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/D
BIGBY, DOROTHY O.
2 ADALIA AVE. # 505
TAMPA FL 33606 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
FISH, LINDA A
2857 CLAIRE LANE
JACKSONVILLE FL 32203 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S/D
FISH, LINDA A.
2854 CLAIRE LANE
JACKSONVILLE FL 32203 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LIKINS, LUISA V
36912 GRAVE AVE.
ZEPHYRHILLS FL 33541 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LIKINS, LUISA V.
36912 GRAVE AVE.
ZEPHYRHILLS, FL. 33541 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PARSONS, EMILIE A
5400 SYCAMORE DR.
NAPLES FL 34119 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T/D
TAYLOR, BETTY M.
1162 RALEY CREEK DR. N.
JACKSONVILLE, FL. 32225 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RUMRELL, ARLINE M
3437 PATRICIA DR.
ZEPHYRHILLS FL 33541 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RUMRELL, ARLINE M.
38456 COTTONWOOD LN.
ZEPHYRHILLS FL 33543 ☒ 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 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.

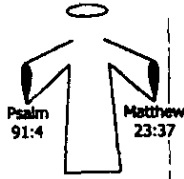
SIGNATURE: *Mary M. O'Callaghan* Mary M. O'Callaghan 3/11/00 (904) 731-9760
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

N99000004023

625435

2000 UBR Document # N99000004023



Under His Wings, Inc.

3/17/00

II. addition

D.

TODD, PASTOR BILL

3545 OAKWOOD DR.

ZEPHYRHILLS, FL. 33541