

DOCUMENT # N99000004113

1. Entity Name

FLORIDA SIXTH ECCLESIASTICAL JURISDICTION CHURCH

Principal Place of Business

2701 LEONARD WEAVER BLVD.
MELBOURNE FL 32901

Mailing Address

2701 LEONARD WEAVER BLVD.
MELBOURNE FL 32901-6042

FILED

00 MAR -8 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

2701 LEONARD WEAVER BLVD.
Suite, Apt. #, etc.
Melbourne
City & State
Florida

3. Mailing Address

2701 LEONARD WEAVER BLVD.
Suite, Apt. #, etc.
Melbourne,
City & State
Florida

Zip 32901

Country USA

Zip 32901

Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WEAVER, LEONARD T SR.
503 SOUTH KENTUCKY AVENUE
COCOA FL 32922

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10.

OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	WEAVER, LEONARD T SR.	
STREET ADDRESS	503 SOUTH KENTUCKY AVENUE	
CITY-ST-ZIP	COCOA FL 32922	

TITLE	DV	<input type="checkbox"/> Delete
NAME	HARRIS, EMANUEL	
STREET ADDRESS	9880 PALMETTO CLUB DRIVE	
CITY-ST-ZIP	MIAMI FL 33157	

TITLE	DV	<input type="checkbox"/> Delete
NAME	FIELDS, RONNIE	
STREET ADDRESS	250 HAMMOCK ROAD S.E.	
CITY-ST-ZIP	PALM BAY FL 32909	

TITLE	DV	<input type="checkbox"/> Delete
NAME	NESBITT, RONNIE	
STREET ADDRESS	8164 CROSSWIND ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32244	

TITLE	DS	<input type="checkbox"/> Delete
NAME	WEAVER, CLEO R	
STREET ADDRESS	503 SOUTH KENTUCKY AVENUE	
CITY-ST-ZIP	COCOA FL 32922	

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 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		

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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)