## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an add

SIGNATURE:

with all other like empowered.

## FILED DOCUMENT # N9900005311 Feb 29, 2000 8:00 am 1. Entity Name **Secretary of State** MARPE MINISTRIES, INC. 02-29-2000 90125 010 \*\*\*\*61.25 Principal Place of Business Mailing Address 225 WATER STREET. SUITE 1800 225 WATER STREET, SUITE 1800 JACKSONVILLE FL 32202 JACKSONVILLE FL 32202-5151 2. Principal Place of Business 3. Mailing Address 1301 Monument Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Unit 17 Applied For City & State 4. FE! Number City & State Jacksonville, Florida 59-3596772 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 32225 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) SMITH HULSEY & BUSEY 225 WATER STREET, SUITE 1800 JACKSONVILLE FL 32202 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition ☐ Delete TITLE TITLE NAME NAME Jesse J. Newman, III STREET ADDRESS STREET ADDRESS 7019 Rivercrest Dr. CITY-ST-ZIP CITY-ST-ZIP Jacksonville, FL 32226 ☐ Delete Change ☐ Addition TITLE TITLE D/V/S/T NAME NAME Frieda L. Newman STREET ADDRESS STREET ADDRESS 7019 Rivercrest Dr. CITY-ST-ZIP CITY-ST-ZIP 32226 Jacksonville, FL ☐ Change ■ Addition TITLE Delete TITLE NAME NAME Eugene Strickland STREET ADDRESS STREET ADDRESS P. O. Box 230996 CITY-ST-ZIP CITY-ST-ZIP 99523-0996 Anchorage, Alaska ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME James J. Newman, Jr. STREET ADDRESS STREET ADDRESS 13351 Yellow Bluff Rd. Jacksonville, FL 32226-1857 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Channe Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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

Jesse J. Newman, III

(904) 251-3242

Daytime Phone #

R President