

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005311

1. Entity Name

MARPE MINISTRIES, INC.

Principal Place of Business

1301 MONUMENT RD
UNIT 17
JACKSONVILLE FL 32225

Mailing Address

225 WATER STREET, SUITE 1800
JACKSONVILLE FL 32202

2. Principal Place of Business

3. Mailing Address

Post Office Box 351329

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville, Florida

4. FEI Number

59-3596772

Applied For

Not Applicable

Zip

Country

Zip

Country

32235-1329

USA

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

SMITH HULSEY & BUSEY
225 WATER STREET, SUITE 1800
JACKSONVILLE FL 32202

Name

Michael J. Ivan, Jr.

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

Fisher, Tousey, Leas & Ball

One Independent Drive, Suite 2600

City

Jacksonville

FL

Zip Code

32202

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
DP
NEWMAN, III, JESSE J
7019 RIVERCREST DR
JACKSONVILLE FL 32226 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVST
NEWMAN, FRIEDA L
7019 RIVERCREST DR
JACKSONVILLE FL 32226 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
STRICKLAND, EUGENE
PO BOX 230996
ANCHORAGE AK 99523-0996 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NEWMAN, JR, JAMES J
13351 YELLOW BLUFF RD
JACKSONVILLE FL 32226-1857 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90050 019 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)