

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90877 045 \*\*\*\*61.25

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**DOCUMENT # N99000005311**

1. Entity Name

**MARPE MINISTRIES, INC.**

Principal Place of Business

1301 MONUMENT RD.  
UNIT 17  
JACKSONVILLE FL 32225

Mailing Address

P O BOX 351329  
JACKSONVILLE FL 32235-1329

2. Principal Place of Business

**7019 Rivercrest Drive**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

**Jacksonville, Florida**

City & State

4. FEI Number

**59-3596772**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**IVAN, MICHAEL J JR**  
**ONE INDEPENDENT DR STE 2600**  
**JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name **Jesse J. Newman, III**

Street Address (P.O. Box Number is Not Acceptable)  
**7019 Rivercrest Drive**

City

**Jacksonville,**

**FL**

Zip Code  
**32226**

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

*Jesse J. Newman, III*  
**Jesse J. Newman, III**

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-25-02**

**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

TITLE **DP** ☐ Delete  
NAME **NEWMAN, III, JESSE J**  
STREET ADDRESS **7019 RIVERCREST DR**  
CITY-ST-ZIP **JACKSONVILLE FL 32226**

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☐ 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:

*Jesse J. Newman, III*  
**Jesse J. Newman, III**

**3/25/02**

**(904) 251-3242**

Date

Daytime Phone #

CR2E037 (9/01)