

2000 UNIFORM BUSINESS REPORT (UBR)

5/8/

FILED
Jun 06, 2000 8:00 am
Secretary of State

05-08-2000 90013 020 ***150.00

DOCUMENT # N99000005355

1. Entity Name

JESUS CHRIST OF NAZARETH EXTENDED FAMILY MINISTR

Principal Place of Business

Mailing Address

2801 64TH AVE. SOUTH
 ST. PETERSBURG FL 33712

2801 64TH AVE. SOUTH
 ST. PETERSBURG FL 33712-5554

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3632952

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



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)

City

FL

Zip Code

**BAKER NEAL, PRISCILLA A
 2801 64TH AVE. SOUTH
 ST. PETERSBURG FL 33712**

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 ☐ Delete

**PRESIDENT "D"
 PRISCILLA A BAKER NEAL
 2801 64TH AVE. S.
 ST. PETERSBURG, FL 33712**

TITLE ☐ Delete

**SECRETARY
 TARA MAY
 450 12TH STREET SO.
 ST. PETERSBURG, FL 33712**

TITLE ☐ Delete

**TREASURER
 CONSTANCE REAY
 4511 21ST AVE SO
 ST. PETERSBURG, FL 33712**

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00

Date

727/867-7522

Daytime Phone #

CR2E037 (9/99)