

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90190 044 ****61.25

DOCUMENT # N99000005355

1. Entity Name

**JESUS CHRIST OF NAZARETH EXTENDED FAMILY MINISTR
Y, INC.**



Principal Place of Business

**2801 64TH AVE. SOUTH
ST. PETERSBURG FL 33712**

Mailing Address

**2801 64TH AVE. SOUTH
ST. PETERSBURG FL 33712**

2. Principal Place of Business

3. Mailing Address

P.O. Box 15864

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

Country

Zip

Country

33733

USA

4. FEI Number **59-3636952**

Applied For

Not Applicable

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

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BAKER NEAL, PRISCILLA	
STREET ADDRESS	2801 64TH AVE S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MAY, TARRY	
STREET ADDRESS	6150 28TH STREET S	
CITY-ST-ZIP	SAINT-PETERSBURG FL-33712	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RILEY, CONSTANCE	
STREET ADDRESS	4511 21ST AVE S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33712	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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] REQUIRED

5/14/03

CR2E037 (10/02)