

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

DOCUMENT # N99000005471

1. Entity Name

MISSION JACKSONVILLE, INC.

00 MAY -1 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business % OLD PLANK RD. BAPTIST CHURCH 8964 OLD PLANK RD. JACKSONVILLE FL 32220	Mailing Address % OLD PLANK RD. BAPTIST CHURCH 8964 OLD PLANK RD. JACKSONVILLE FL 32220-1439
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DO NOT WRITE IN THIS SPACE

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 <b>59-3594800</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

BECKER, SCOTT C  
12821 OLD PLANK RD.  
JACKSONVILLE FL 32220

**7. Name and Address of New Registered Agent**

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		Larry Mcbinley - D 8842 Mansord Cir Jax, FL 32220	
		Terry Mcbinley - D 13307 W Beaver Jax, FL 32220	
		Karen Farah - D 5665 Normandy BLVD Jax, FL 32205	
		Scott Becker - P D 12821 Old Plank Rd Jax FL 32220	
		300003233273--3 -05/01/00--01109--014 *****70.00 *****70.00	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<i>91-00</i>

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: *Scott C. Becker* **REQUIRED** Date: **4-28-00** Daytime Phone #: **904-783-2665**