

2001 UNIFORM BUSINESS REPORT (UBR)

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

0012309

DOCUMENT # N99000005471

03-30-2001 90314 010 ****70.00

1. Entity Name

MISSION JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

% OLD PLANK RD. BAPTIST CHURCH
 8964 OLD PLANK RD.
 JACKSONVILLE FL 32220

% OLD PLANK RD. BAPTIST CHURCH
 8964 OLD PLANK RD.
 JACKSONVILLE FL 32220

020241



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3594800

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

7. Name and Address of New Registered Agent

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

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

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	D MCGINLEY, LARRY	<input type="checkbox"/> Delete
STREET ADDRESS	8892 MANSON CIR	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE NAME	D MCGINLEY, TERRY	<input type="checkbox"/> Delete
STREET ADDRESS	13307 W BEAVER	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE NAME	D FARAH, KAREN	<input type="checkbox"/> Delete
STREET ADDRESS	5665 NORMANDY BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32205	
TITLE NAME	PD BECKER, SCOTT	<input type="checkbox"/> Delete
STREET ADDRESS	12821 OLD PLANK RD	
CITY-ST-ZIP	JACKSONVILLE FL 32220	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Scott C. Becker* **Scott Becker**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-01 **3-28-01** *9047832665* **9047832665**

Date Daytime Phone #

CR2E037 (10/00)