

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90108 038 ***150.00

DOCUMENT # **PD2000095284**

1. Entity Name

Bishop Christian Home Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1627 E. 8TH ST.

Suite, Apt. #, etc.

3. Mailing Address

1627 E. 8TH ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

55-0822570

Applied For

Not Applicable

Zip

32206

Country

Duval

Zip

32206

Country

Duval

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Cassie Bishop

Street Address (P.O. Box Number is Not Acceptable)

1627 E 8TH STREET

City

Jacksonville

FL

Zip Code

32206

**DO NOT WRITE
IN THIS SPACE**

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
Cassie Bishop
1627 E. 8TH ST.
Jacksonville, FL 32206**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Cassie Bishop**