




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

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-11-2003 90149 038 ****61.25

DOCUMENT # 700968					
1. Entity Name UNIVERSITY BOULEVARD CHAPEL OF THE CHURCH OF GOD AT JACKSONVILLE, FLORIDA, INC.					
Principal Place of Business 2214 UNIVERSITY BLVD S 2214 UNIVERSITY BOULEVARD SOUTH JACKSONVILLE FL 32218			Mailing Address 2214 UNIVERSITY BLVD S 2214 UNIVERSITY BOULEVARD SOUTH JACKSONVILLE FL 32218		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2185201	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, G.RUSSELL 2831 LANTANA DR. W. JACKSONVILLE FL 32248			7. Name and Address of New Registered Agent Name OLSON, DEAN W. Street Address (P.O. Box Number is Not Acceptable) 2214 University Blvd. S Jacksonville, FL 32216 City Jacksonville FL Zip Code 32216		
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	SD	<input type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLGROVE, DEBBIE		NAME	PAXTON, DEBRA	
STREET ADDRESS	1956 MINDANAD DR		STREET ADDRESS	2733 Rochford Ct.	
CITY-ST-ZIP	JACKSONVILLE FL 32248		CITY-ST-ZIP	Jacksonville, FL 32225	
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, G.RUSSELL		NAME	OLSON, DEAN W.	
STREET ADDRESS	2831 LANTAN DR. W.		STREET ADDRESS	2214 University Blvd. S	
CITY-ST-ZIP	JACKSONVILLE FL 32248		CITY-ST-ZIP	Jacksonville, FL 32216	
TITLE	VPVD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, MERLE		NAME		
STREET ADDRESS	3287 DEERFIELD POINT DR.		STREET ADDRESS		
CITY-ST-ZIP	ORANGE PARK FL 32073		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMBRIGHT, SHIRLEE		NAME		
STREET ADDRESS	3328 CARLSBAD TRAIL		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32223		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	



CHECK HERE IF MAKING CHANGES

CR2E037 (10/02)