2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91708 045 ****61.25

DOCUMENT # 704177

1. Entity Name

JIMMIE DOBBS REVIVALS AND PAXON REVIVAL CENTER C HURCH, INC.

Principal Place of Business	Mailing Address
5461 COMMONWEALTH AVE JACKSONVILLE FL 32254 US	5461 COMMONWEALTH AVE JACKSONVILLE FL 32254 US

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 59-2149453 ☐ 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
FEREBEE, DAVID B 503 EAST MONROE STREET JAX FL 32201	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 / STREET ADDRESS / CITY-ST-ZIP	P DOBBS, STEVE 1358 BULLS BAY HWY JACKSONVILLE FL 32220	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DOBBS, JIMMIE 1350 BULLSBAY HWY JAX FL 32220	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Dobbs, Jimmie 1350 Bullsbay Hwy. Jax, Fl. 32220	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DOBBS, WILLENE 1358 BULLSBAY HWY JAX FL 32220	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Dobbs, Willene 1358 Bullsbay Hwy. Jax, Fl. 32220	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEE, GLENDA E 1848 N LAURA ST JAX FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Colon K. Jones 9170 Wollitz Plaza Jax., Fl. 32220	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, DEBBIE D 1452 BULLSBAY HWY JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/01)

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 President 4-29-02 904-781-0348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #