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

0001688

DOCUMENT # 704177

1. Entity Name

JIMMIE DOBBS REVIVALS AND PAXON REVIVAL CENTER CHURCH, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 OCT 27 PM 3:08

REINSTATEMENT 03

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

☐ CHECK HERE IF MAKING CHANGES

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: Steve B Dobbs Street Address (P.O. Box Number is Not Acceptable): 5461 Commonwealth AV City: Jacksonville FL Zip Code: 32254

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] Steve B. Dobbs 10-21-2003

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
After September 10, 2003, min will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / 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	SD DOBBS, JIMMIE 1350 BULLSBAY HWY JAX FL 32220	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200023797982 10/14/03--01070--003 **236.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DOBBS, WILLENE 1358 BULLSBAY HWY JAX FL 32220	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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	D Hollis Osteen 9126 Wolhtz Plaza Jacksonville Florida 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	D Kevin Jones 5225 Lenox AV. Jacksonville Fl. 32205 ☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (4/03)

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] 10/9/2003 9046264846

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #