

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

Amended

DOCUMENT # *136834*
1. Entity Name
Church of Jesus Christ Holy Mission Inc.

FILED

03 DEC -3 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4067 Attapulgus Hwy
Suite, Apt. #, etc.
City & State
Quincy, Fla.
Zip
32352
Country
GA

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
00-2600030
Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *James M. Jones*
Street Address (P.O. Box Number is Not Acceptable)
156 Jack Scott Rd.
City *Quincy* FL Zip Code *32352*

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 _____

**FEI IS \$61.25
Initial or Amended UBR**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P/D James M. Jones 156 Jack Scott Rd. Quincy, Fla. 32352</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>900026616939 01/09/04--01078--004 **61.25</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D/T Shaw, E. H. Jr 4089 Attapulgus Hwy Quincy, Fla. 32352</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>01/09/04--01078--004 **61.25</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T/M Green, Mary M. 4010 Charlie Harris Loop Quincy, Fla. 32352</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Bishop / Council Bryant, Marietta 207 Charlie Harris Loop Quincy, Fla. 32352</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Shaw, E. H. Jr Elder / Council Williams, Mary 786 Madison Lane Cassin, Ga. 31728</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/3/03 *627-0358*
Date Daytime Phone #

CR2E037B (12/01)