

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **737445**

1. Entity Name

WEST JACKSONVILLE CHURCH OF GOD IN CHRIST OF JAC

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90072 017 ****61.25

Principal Place of Business

Mailing Address

**3838 FIRESTONE ROAD
 JACKSONVILLE FL 32210**

**3838 FIRESTONE ROAD
 JACKSONVILLE FL 32210-4825**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2695894

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALL, GARY L.
 3838 FIRESTONE ROAD
 JACKSONVILLE FL 32210**

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 **D** Delete
 NAME **POSTELL, KELVIN**
 STREET ADDRESS **2810 CANYON CRT**
 CITY-ST-ZIP **JAX FL**

TITLE **D** Change Addition
 NAME **WATTS, ANANIAS**
 STREET ADDRESS **7217 EUDINE DR., MN**
 CITY-ST-ZIP **JAX., FL**

TITLE **D** Delete
 NAME **HALL, MARY L.**
 STREET ADDRESS **2204 CONSTITUTION DRIVE**
 CITY-ST-ZIP **ORANGE PARK FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **HALL, GARY L.**
 STREET ADDRESS **2204 CONSTITUTION DRIVE**
 CITY-ST-ZIP **ORANGE PARK FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **STOKES, MARY**
 STREET ADDRESS **5642 CEDAR AVE**
 CITY-ST-ZIP **JACKSONVILLE FL 00000**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WATTS, ANANIAS**
 STREET ADDRESS **7217 EUDINE DR., N.**
 CITY-ST-ZIP **JACKSONVILLE, FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)