

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

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90386 031 \*\*\*\*61.25

**DOCUMENT # 760471**

1. Entity Name  
**BEVERLY HILLS CHURCH OF GOD, INC.**



**80018089**



CHECK HERE IF MAKING CHANGES

Principal Place of Business <b>9113 RIDGE BLVD JACKSONVILLE FL 32209 US</b>		Mailing Address <b>% JOHNNIE L. HOLDER 8981 CARBONDALE JACKSONVILLE FL 32208</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2788049</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>HOLDER, JOHNNIE L 8981 CARBONDALE DR E JACKSONVILLE FL 32208</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**      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	<b>DP</b> <b>HOLDER, JOHNNIE L</b> <b>8981 CARBONDALE DR. E.</b> <b>JACKSONVILLE FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUTLER, Gary.</b> <b>6844 Champlain Rd</b> <b>Jacksonville, FL 32208</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRADFORD, CARL</b> <b>8819 COMPHOR DR.</b> <b>JACKSONVILLE, FL 00000</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>SPANN, WILLIE</b> <b>2573 MINOSA CIRCLE</b> <b>JACKSONVILLE, FL 00000</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALEXANDER, LINCOLN B.</b> <b>11626 BRIDGES RD.</b> <b>JACKSONVILLE FL 32218</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GILLEM, THOMAS</b> <b>3437 TARPON DRIVE</b> <b>JACKSONVILLE FL 32277</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HALL, ERNEST</b> <b>2421 LANTANA AVENUE</b> <b>JACKSONVILLE FL 32209</b>	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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **1/18/03** **(904)768-6516**

CR2E037 (10/02)