


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

0000439

**DOCUMENT # N02000006487**

1. Entity Name  
**THE HEART OF JACKSONVILLE CHURCH OF GOD IN CHRIS  
T TEMPLE OF PRAISE, INC.**



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 JUL 15 PM 5:02

Principal Place of Business      Mailing Address

2625 COUNTRY CLUB BLVD      2625 COUNTRY CLUB BLVD  
ORANGE PARK FL 32073      ORANGE PARK FL 32073



CHECK HERE IF MAKING CHANGES

*MRS*

2. Principal Place of Business      3. Mailing Address

*P.O. Box 924*      *P.O. Box 924*

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

*Orange Park, FL*      *Orange Park, FL*

Zip      Zip      Country      Country

*32067*      *32067*      *Clay*      *Clay*

4. FEI Number      Applied For

*03-0478974*       Applied For

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**NESBITT, MILESSA DR.  
3036 SATURN AVE  
JACKSONVILLE FL 32206**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

*600039536626*

*07/26/04--01068--026*      *\*\*306.25*

City      Zip Code

*FL*      *FL*

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.

**REINSTATEMENT** *03-04*

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**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NESBITT, SR., R.A. DR. 2625 COUNTRY CLUB BLVD ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NESBITT, MILESSA DR. 2625 COUNTRY CLUB BLVD ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV NESBITT, ELIZABETH G DR. 2625 COUNTRY CLUB BLVD ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS RICHARDONS, HONSIR 2625 COUNTRY CLUB BLVD ORANGE PARK FL 32073	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fabrigas, Caesar 558 William Ellery Ct Orange Park, FL 32073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Reid, Rev. Hubert A. 10774 Pinhalster Rd Jacksonville, FL 32218	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Riddles, Joyced 4859 Miss Muffet Lane W Jacksonville Florida 32210	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nesbitt, RaVonde P.O. Box 924 Orange Park, FL 32067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nesbitt, Ronnie A. JR P.O. Box 924 Orange Park, FL 32067	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Milessa Nesbitt*      DATE: *9/5/03*      DAYTIME PHONE: *904 535-3252*

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

CR2E037 (4/03)