

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N16487

FILED
Apr 30, 2003
Secretary of State

Entity Name: JUBILEE CHRISTIAN CENTER OF PENSACOLA, INC.

Current Principal Place of Business:

5910 NORTH W ST
PENSACOLA, FL 325031032 US

New Principal Place of Business:

Current Mailing Address:

5910 NORTH W ST (32505)
P.O. BOX 30269
PENSACOLA, FL 325031032 US

New Mailing Address:

FEI Number: 59-2695922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALLENGER, LINDELL
6221 HEART PINE DRIVE
PENSACOLA, FL 32504 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BALLENGER, LINDELL,
Address: 6221 HEART PINE DR.
City-St-Zip: PENSACOLA, FL 32504

Title: STD () Delete
Name: BALLENGER, DARLENE,
Address: 6221 HEART PINE DR.
City-St-Zip: PENSACOLA, FL 32504

Title: VD () Delete
Name: BOWLING, HAROLD,
Address: 230 ETTA ST.
City-St-Zip: PENSACOLA, FL 325143127

Title: D () Delete
Name: WALLS, ROBERT C.,
Address: 6049 SPANISH OAK DR
City-St-Zip: PENSACOLA, FL 32526

Title: VD () Delete
Name: BALLENGER, LEN D
Address: 3252 DESERT ST
City-St-Zip: PENSACOLA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BOWLING, HAROLD,
Address: 1004 BUSHWOOD DR.
City-St-Zip: CANTONMENT, FL 32533

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDELL BALLENGER

PD

04/30/2003

Electronic Signature of Signing Officer or Director

_____ Date