

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90567 003 ****61.25

DOCUMENT # N20626

1. Entity Name

CHURCH OF ETERNITY IN CHRIST JESUS INC.

Principal Place of Business: **2911 NW 25 STREET FT. LAUDERDALE FL 33311**
 Mailing Address: **2931 N.E. 11TH TERR GAINESVILLE FL 32609 US**

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
MCQUEEN, ROEBUCK
2911 N.W. 25 STREET
FT. LAUDERDALE FL 33311

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's 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 Department of State

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	MCQUEEN, ROSA LEE
STREET ADDRESS	2911 NW 25 STREET
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	TD <input type="checkbox"/> Delete
NAME	GREEN, ROSEMARY
STREET ADDRESS	2931 NW 25 STREET
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D. <input type="checkbox"/> Delete
NAME	JONES, WILLIE M.
STREET ADDRESS	626 SW 147 AVE., #110
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	S <input type="checkbox"/> Delete
NAME	CARR, BERNICE
STREET ADDRESS	425 SW 4TH AVE. #504
CITY-ST-ZIP	FT LAUDERDALE FL 33311
TITLE	B <input type="checkbox"/> Delete
NAME	JENKINS, JEROME
STREET ADDRESS	2931 NE 11TH TERRACE
CITY-ST-ZIP	GAINESVILLE FL 32609
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **ROSAGNA LEE MCQUEEN** **4-25-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)