2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # NAOOO1

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JOSHUA CHRISTIAN FAITH CENTER, INC.			Jan 25, 2000 8:00 am Secretary of State 01-25-2000 90107 021 ****61.25				
Principal Place of Business	Mailing Address						
924 ST. CLAIR ST. JACKSONVILLE FL 32218	924 ST. CLAIR ST. JACKSONVILLE FL 32254-3	3148	i				
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2. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.		\exists	DO NOT WRITE IN	THIS SPACE		
City & State	City & State		4. FEI Number	59-3129826	<u></u>	plied For	
Zip Country	Zip	Country	5. Certificate of	Status Desired	\$8.75 Add	ditional	
6. Name and Address of Current	Registered Agent			dress of New Registe			
PINKNEY, FREDERICK B 924 ST. CLAIR STREET JACKSONVILLE FL 32254		Name					
		Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
		07			- I Zin Cod		
		City			FL Zip Cod		
8. The above named entity submits this statement for	or the purpose of changing its	s registered office or regis	stered agent, or both, i	n the state of Florida.			
SIGNATURE	and title if applicable. (NOT	TE: Registered Agent signature req	uired when reinstating)		DATE	 _	
FILE NOW:			\$5.00 May Be Added to Fees Make Check Payable to Department of State				
FEE IS \$61.25		·, **				1	
FEE IS \$61.25 10. OFFICERS AND DI	Trust Fund Contrib	·, **	ded to Fees		nent of State		
10. OFFICERS AND DI	Trust Fund Contrib	oution. Ad	ded to Fees	Departr	nent of State		
10. OFFICERS AND DI	Trust Fund Contrib	11. TITLE NAME	ded to Fees	Departr	nent of State	110	
10. OFFICERS AND DI	Trust Fund Contrib	oution. Ad	ded to Fees	Departr	nent of State	110	
10. OFFICERS AND DI TITLE PT NAME PINKNEY, FREDERIC B STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL TITLE VT	Trust Fund Contrib	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	ded to Fees	Departr	nent of State	110	
10. OFFICERS AND DIE TITLE PT NAME PINKNEY, FREDERIC B STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL TITLE VT NAME PINKNEY, GLORIA H	Trust Fund Contrib	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	ded to Fees	Departr	ment of State ND DIRECTORS IN Change	110 Additio:	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-00 (904) 388-2227 Date- Dayline Phone #