## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFI

SIGNATURE:

## FILED Mar 27, 2002 8:00 am Secretary of State DOCUMENT # N96000000422 JESUS CHRIST OF NAZARETH WORSHIP AND PRAISE TEMP 03-27-2002 90026 038 \*\*\*\*61.25 LE, INC. Principal Place of Business Mailing Address 1605 SE 28TH PLACE 1605 SE 28TH PLACE GAINESVILLE FL 32641 GAINESVILLE FL 32641 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3426219 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -Street Address (P.O. Box Number is Not Acceptable)... THOMPSON, ELDER HENRY 1605 SE 28TH PLACE **GAINESVILLE FL 32641** City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. (9/01) TITLE ☐ Delete TITLE Change Addition JArrel Wybster. NAME Thompson. Dorothy J C NAME ield NM. 3rd st CR2E037 STREET ADDRESS STREET ADDRESS 1605 SE 28TH PLACE CITY-ST-ZIP CITY-ST-ZIP Gainer billeth 3260 GAINESVILLE FL 32641 ☐ Delete TITI F Change Addition SMITH, CONNIE NAME STREET ADDRESS 3031 SE 15TH ST STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32641 TITLE ☐ Delete TITLE Change Addition NAME THOMPSON, TERESA K NAME STREET ADDRESS STREET ADDRESS PO BOX 415 N/A CITY-ST-ZIE CITY-ST-ZIP GAINESVILLE FL 32602 TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP わしゅう **⊭** Addition TITLE 🔲 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 3264 ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Daytime Phone #