

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

FILED
Jul 22, 2003 8:00 am
Secretary of State

07-22-2003 90049 041 ****61.25

DOCUMENT # 702803

1. Entity Name
FIRST CHURCH OF JESUS CHRIST OF HOMOSASSA, INC.



Principal Place of Business
**C/O PAUL W. TODD
7961 W. GREEN ACRES ST.
HOMOSASSA FL 34446
US**

Mailing Address
**C/O PAUL W. TODD
7961 W. GREEN ACRES ST.
HOMOSASSA FL 34446
US**

2. Principal Place of Business
7961 W Green Acres St

3. Mailing Address
7961 W Green Acres St.

Suite, Apt. #, etc.

City & State
Homosassa, FL

City & State
Homosassa, FL

Zip
34446

Country
US

4. FEI Number **59-2515785** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**TODD, PAUL W
8161 W. BARRY COURT
HOMOSASSA FL 34446**

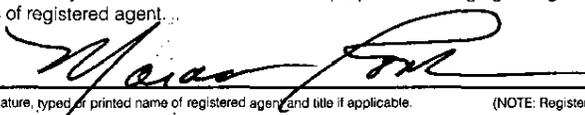
7. Name and Address of New Registered Agent

Name **MARQUIS WAYNE ROOKS**

Street Address (P.O. Box Number is Not Acceptable)
5531 S. Island DR.

City **HOMOSASSA** FL Zip Code **34448**

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.

SIGNATURE  DATE **7/18/03**

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

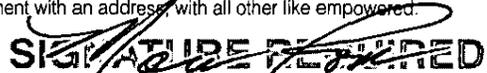
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TODD, PAUL W. 8161 W. BARRY CT. HOMOSASSA SPRING FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, DANIEL 304 S. PINE AVE INVERNESS FL 34452	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROOKS, RALPH 945 NE 3RD. AVE CRYSTAL RVR FL 34428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMSON, TONY LEE 8236 W. STEELE CT CRYSTAL RIVER FL 34428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEBUSK, KENNETH 6675 W. TORTOISE LANE HOMOSASSA FL 34448	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TONEY, ERIC 5610 S. MAGNOLIA AVE. HOMOSASSA FL 34448	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARQUIS ROOKS 5531 S Island DR HOMOSASSA, FL 34448	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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:  DATE **7/18/03** **628-5076**

CR2E037 (4/03)