

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 708611

1. Entity Name

THE UNIVERSAL TRIUMPH CHURCH OF GOD AND KINGDOM

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90150 006 ****61.25

Principal Place of Business

5039 DONCASTER AVE
JAX FL 32208

Mailing Address

5039 DONCASTER AVE
JAX FL 32208

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3359595

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, REGINALD A
8410 CRAMPELL DRIVE
JACKSONVILLE FL 32221

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME JACKSON, THOMAS
STREET ADDRESS 2295 MARIETTA RD. N.W. #76
CITY-ST-ZIP ATLANTA GA 30318

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME ANDERSON, MARJORIE
STREET ADDRESS 524 WOODBINE ST
CITY-ST-ZIP JAX FL 32206

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME JOHNSON, BEATRICE D
STREET ADDRESS 5039 DONCASTER AVE
CITY-ST-ZIP JAX FL 32208

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MCCRAY, JOHNNIE
STREET ADDRESS 10871 COPPER HILL DR
CITY-ST-ZIP JAX FL 32218

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FORE, WILLIE R
STREET ADDRESS 2574 AUTOMOBILE DR
CITY-ST-ZIP JAX FL 32209

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME HARVEY, DEVORAH D
STREET ADDRESS 1000 BROWARD RD. APT. #908
CITY-ST-ZIP JAX FL 32218

TITLE ☐ Change ☐ 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: *Marjorie Anderson* MARJORIE ANDERSON

9-10-2000 904-764-8455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)