

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2001 8:00 am**  
**Secretary of State**

08-14-2001 90010 013 \*\*\*\*61.25

**DOCUMENT # 708611**

1. Entity Name

**THE UNIVERSAL TRIUMPH CHURCH OF GOD AND KINGDOM**



Principal Place of Business

Mailing Address

**5039 DONCASTER AVE  
 JAX FL 32208**

**5039 DONCASTER AVE  
 JAX FL 32208**

**00061188**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3359595**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 12, 2001, 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  Delete  
 NAME **P 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  Delete  
 NAME **V ANDERSON, MARJORIE**  
 STREET ADDRESS **524 WOODBINE ST**  
 CITY-ST-ZIP **JAX FL 32208**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D 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**

8-5-01 9:41 7/04-8455

CR2E037 (5/01)