## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Feb 22, 2000 8:00 am Secretary of State DOCUMENT # **713867** 1. Entity Name THE TRUE CHURCH OF THE LIVING GOD INC. OF JACKSO 02-22-2000 90020 016 \*\*\*\*61.25 Principal Place of Business Mailing Address 1405 W STATE ST. 1405 W STATE ST JACKSONVILLE FL 32209-7638 JACKSONVILLE FL 32209 RIOIS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3384248 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent <u>Name</u> Street Address (P.O. Box Number is Not Acceptable) PETERSON, EDDIE L SR. 3380 SUNNYBROOK AVE., NORTH JACKSONVILLE FL 32254 Zip Code FL 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 TO APPOINT OF THE SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: **\$5.00** May Be Trust Fund Contribution. Department of State **FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Delete TITLE ☐ Addition TITLE PETERSON, EDDIE L SR NAME NAME STREET ADDRESS 3380 SUNNYBROOK AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32254 Change ☐ Addition TITLE ☐ Delete TITLE Peterson, Carlos 843 Garth Ave NAME NAME PETERSON, CARLOS STREET ADDRESS STREET ADDRESS 3260 SUNNYBROOK AVE N 32254 Jacksonville, 71. CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32254 Change ☐ Addition TITLE - ===-S------☐ · Delete TITLE ee, Laurie NAME Laurie. Lee NAME 2724 Parkrus Lane STREET ADDRESS 5607 LANSPUR AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JOCILYON VI 11e. JACKSONVILLE FL 32209 Change Delete ☐ Addition TITLE TITLE **BRANNON, JAMES** NAME NAME Lec, James STREET ADDRESS 2726 Parkous lawe STREET ADDRESS 4231 LOCKHART DR. Jacksonicie, 21. 32208 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32209 Delete Addition Change TITLE TITLE Bell, Damian 11055 Bacail Re-West NAME LEE, JAMES 2607 LARKSPUR AVE STREET ADDRESS STREET ADDRESS Jacksonville, +1: 32218 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32209 Change TITLE ☐ Delete ☐ Addition Simmons, Derek C SIMMONS, DEREK C NAME 3781 Cactus lane STREET ADDRESS STREET ADDRESS 7605 ARBLE DR B Jacksonville, 21.32207 CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32211 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 REQU