

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720715

1. Entity Name

CHURCH OF GOD-MISSION, INC.

Principal Place of Business

4622 MONCRIEF RD.  
JACKSONVILLE FL 32209

Mailing Address

P O BOX 12169  
JACKSONVILLE FL 32209-0169  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

US

Zip

Country

4. FEI Number

59-3400362

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WATTS, JOSEPH B.  
4926 RHODE ISLAND DRIVE, NORTH  
JACKSONVILLE FL

7. Name and Address of New Registered Agent

Name Reginald Estell, Jr.

Street Address (P.O. Box Number is Not Acceptable)

505 N. Liberty Street

City Jacksonville

FL

Zip Code 32202

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 Reginald Estell, Jr.

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

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	WATTS, JOSEPH B	
STREET ADDRESS	4926 RHODE ISLAND DR. N	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	HOWARD, RONALD	
STREET ADDRESS	3810 SPRINGFIELD BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	VT	<input type="checkbox"/> Delete
NAME	TUTSON, WILLIE L	
STREET ADDRESS	3103 W 45TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Joseph B. Watts

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jan 27, 2000 8:00 am  
Secretary of State

01-27-2000 90096 035 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)