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

Mailing Address

652 SEAPINE CIR

C/O JOHNNIE JONES

## **DOCUMENT # 731333**

1. Entity Name

JONES, JOHNNIE

Principal Place of Business

3700 BLUE ANGEL PKWY

COMMUNITY CHURCH OF GOD, INC.



**FILED** Feb 05, 2003 8:00 am Secretary of State

02-05-2003 90171 012 \*\*\*\*61.25

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2. Principal Place of Business		3. Mailing Address							
3700 Blue anal PHINY		652 Seanine Circle				187 HARR HARR HAR HAR HAR	1871 87814 81811 81811 EI	816 B1811 4881	
Suite, Apt. #, etc.		Suite, Apt etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State City & State					4. FFI Number F6	) CECOEDO		pplied For	
Pen	Sacola 7/a	1			4. FEI Number <b>59-6569532</b> Applied For Sq-6568532 Not Applicab				
Zip 329	Country	Zip	Country		5. Certificate of St	•	\$8.75 Ad		
<u>7</u> ^.			<del>,</del>		· · · · · · · · · · · · · · · · · · ·		Fee Require	ed	
Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name					
JOHN, JONES L									
652 SEAPINE CIR			Street	Street Address (P.O. Box Number is Not Acceptable)					
PENSACOLA FL									
				City 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. Lam familiar with, and accept									
the obligations of registered agent.									
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  9. Election Campaign Trust Fund Contrib				Waste to					
, must runa control				ш <i>,</i>	Added to Fees	Florida De	epartment of	State	
10.	OFFICERS AND DIF	RECTORS	11.	Al	DDITIONS/CHANGE	S TO OFFICERS AN	ND DIRECTORS IN	10	
TITLE	PD	☐ Delete	TITLE					☐ Addition	
NAME	JONES, JOHNNIE	Decease	NAME	"	entus, 1	agnita ount st.	onungs		
STREET ADDRESS	652 SEAPINE CIR	•	STREET ADDRESS	3	500 W. B/	ount St.			
CITY-ST-ZIP	PENSACOLA FL		CITY-ST-ZIP	p	ensagola,	7%			
TITLE	D	☐ Delete	TITLE	$\boldsymbol{L}$			☐ Change	Addition	
NAME	JONES, JOHN L		NAME	30	Nes, John 2 Seapin	JAN	_ *	_	
STREET ADDRESS	200 N BRIGADIER ST		STREET ADDRESS						
CITY-ST-ZIP	PENSACOLA FL		CITY-ST-ZIP	/-	ensacola	<del>-</del> <del>2</del> /,			
TITLE	D CONCE CERTRUPE	☐ Delete	TITLE	$\mid \mathcal{D} \mid$			Change	☐ Addition	
NAME "STREET ADDRESS"	JONES, GERTRUDE	Decrase	NAME	Dela	115 JUNES	00:10			
CITY-ST-ZIP	PENSACOLA FL		STREET ADDRESS	634	5 antiet	am DINE			
TITLE	D				gacola	//			
NAME	JONES, RUTHIE	☐ Delete	TITLE NAME	0	es Ruthi	4	☐ Change	☐ Addition	
STREET ADDRESS	200 N BRIGADIER ST		STREET ADDRESS	65	2 seapine	Dr.			
CITY-ST-ZIP	PENSACOLA FL		CITY-ST-ZIP	Po	NSacola 7	2/			
TITLE	D	□ Delete	TITLE	177		<del>/·</del>	Change	Addition	
NAME	DUPREE, MARIE S.	Dointe	NAME	DUPY	ee Marie	5.	□ cuange	Addition	
STREET ADDRESS	1313 N. 7TH AVENUE		STREET ADDRESS	13/3	N. 7+h AL	10 NOCE			
CITY-ST-ZIP	PENSACOLA FL.		CITY-ST-ZIP	Pen	sacola	71.			
TITLE	D	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	JONES, SYLVESTER		NAME	JONE	es , sylve	ster		_	
STREET ADDRESS CITY-ST-ZIP	6345 ANTIETAM DRIVE		STREET ADDRESS	634	es sylve s antieta	in Drive			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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:

SIGNATURE REQUIRETION L. JONES