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

## **DOCUMENT # 746609**



## **FILED** Mar 24, 2003 8:00 am Secretary of State

JAY FIRS		BLY OF GOD CHUR	ICH, INC.		03-24-2003 90208 020	0 ****61	1.25		
103 WILLIAMS AVE. 103 V P.O. 80X 550 P.O. I			Mailing Address 103 WILLIAMS AVE. P.O. BOX 550 JAY FL 32565	03 WILLIAMS AVE. .O. BOX 550		1818 SIHS SUNI SSNS 1811 SISII SISII	<b>81811 á181</b> 5 <b>8</b> 11	Oli Giori ibai	
			3. Mailing Address 14047 Alaba	Mailing Address 4047 Alabama St.					
			Suite, Apt. #, etc. P.O. Box 5	Suite, Apt. #, etc. 2-0- Box 550		CHECK HERE IF MAKING CHANGES			
City & State Jay, FL			City & State Jay, FL		4. FEI Number 5	4. FEI Number 59-1876456		pplied For lot Applicable	
Zip Country 32565		<sup>Zip</sup> 32565	32565		5. Certificate of Status Desired   \$8.75 Additional Fee Required				
	6. Name	and Address of Current	Registered Agent			tress of New Registered Ag	jent		
		and the regularity	was programmed and the second	Name		پ - سیست			
PETTIS, LOUIE D 205 MILDRED ST				Street A	Street Address (P.O. Box Number is Not Acceptable)				
JAY FL 3	32565							1	
				City		FL	Zip Coc	le	
	ations of regist		r the purpose of changing its		registered agent, or both, in	the State of Florida. I am fai	miliar with,	and accept	
	FILE NOW	: FEE IS \$61.25	9. Election Can Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check Florida Departn			
10.						1			
TITLE	P	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND DIRE	CTORS IN	J 10	
NAME			RECTORS Delete	11.	ADDITIONS/CHANG		CTORS IN		
	PETTIS, LO	DUIE D.		TITLE NAME	ADDITIONS/CHANG				
STREET ADDRESS	205 MILDF	DUIE D.		TITLE NAME STREET ADDRESS	ADDITIONS/CHANG				
CITY-ST-ZIP	205 MILDF JAY FL	DUIE D.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		]	☐ Change		
CITY-ST-ZIP TITLE	205 MILDF JAY FL TSD	Duie D. Red St.		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TSD	]			
CITY-ST-ZIP TITLE NAME	205 MILDF JAY FL TSD WILLIAMS,	Duie D. Red St. Roger	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TSD West, Walte	r C.	☐ Change		
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	205 MILDF JAY FL TSD WILLIAMS, 2410 CAM	OUIE D. RED ST. ROGER ORS ROAD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	TSD West, Walte 4510 West H	r C. wy. 4	☐ Change		
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CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	205 MILDF JAY FL TSD WILLIAMS, 2410 CAM JAY FL 32 D	Duie D. Red St. Roger Ors Road 565	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TSD West, Walte 4510 West H Century, FL	r C. wy. 4 32535	☐ Change		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	205 MILDF JAY FL TSD WILLIAMS, 2410 CAM JAY FL 32 D	OUIE D. RED ST. ROGER ORS ROAD 565 JAMES EARL	□ Delete  E Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD West, Walte 4510 West H Century, FL VD Tompkins, W	r C. wy. 4 32535	☐ Change	Addition Section Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	205 MILDF JAY FL TSD WILLIAMS, 2410 CAM JAY FL 32 D DIAMOND,	OUIE D. RED ST.  ROGER ORS ROAD 565  JAMES EARL KY RD	□ Delete  E Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TSD West, Walte 4510 West H Century, FL VD Tompkins, W 3276 Deloac	r C. wy. 4 32535 ilson h Lane	☐ Change	Addition Section Addition	
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CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP	205 MILDF JAY FL TSD WILLIAMS, 2410 CAM JAY FL 32 D DIAMOND, 3384 ROC JAY FL 32 VD WALTHER, 11361 HW MILTON FI	POUIE D. RED ST.  ROGER ORS ROAD 565  JAMES EARL KY RD 565  LUKE Y 87 N 232570	□ Delete  E Delete  Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TSD West, Walte 4510 West H Century, FL VD Tompkins, W 3276 Deloac Milton, FL D Watson, Joh 5139 Luman Jay, FL 325	r C. wy. 4 32535 ilson h Lane 32570 nny Shell Rd.	Change Change Change Change	Addition Addition Addition Addition	
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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 trastee 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:** 

iRev. Louie D. Pettis