


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

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90064 012 \*\*\*\*61.25

**DOCUMENT # 759877**

1. Entity Name  
**FIRST COAST CHRISTIAN CENTER OF THE ASSEMBLIES OF GOD, INC. OF THE CITY OF JACKSONVILLE, STATE OF**



Principal Place of Business  
**2724 NEW BERLIN RD  
JACKSONVILLE FL 32226-1756**

Mailing Address  
**2724 NEW BERLIN RD  
JACKSONVILLE FL 32226-1756**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1944384** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HOOKS, JEAN C  
11820 WATERBLUFF LN E  
JACKSONVILLE FL 32218**

7. Name and Address of New Registered Agent

Name **Douglas Berenguer**

Street Address (P.O. Box Number is Not Acceptable)  
**15335 Cape Dr. S.**

City **JAX.** State **FL** Zip Code **32226**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *x Douglas Berenguer* DATE **3-26-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	<b>FRUSCELLA, PERRY M</b>	
STREET ADDRESS	<b>3040 HUCKLEBERRY LANE</b>	
CITY-ST-ZIP	<b>JAX FL</b>	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<b>RICARDO, ANTHONY</b>	
STREET ADDRESS	<b>11272 SAMUEL DR.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32218</b>	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	<b>HOOKS, CAROLYN J</b>	
STREET ADDRESS	<b>11820 WATERBLUFF LN E</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32218</b>	
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Larry F. Motes</b>	
STREET ADDRESS	<b>12719 Pulaski Rd.</b>	
CITY-ST-ZIP	<b>JAX. FL. 32218</b>	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Douglas Berenguer</b>	
STREET ADDRESS	<b>15335 Cape Dr. S.</b>	
CITY-ST-ZIP	<b>JAX. FL. 32226</b>	
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: *x Douglas Berenguer* **REQUIRE** 3/26/03 9047577641

CR2E037 (10/02)