

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

FILED
Jul 03, 2003 8:00 am
Secretary of State

07-03-2003 90031 045 ****61.25

DOCUMENT # 824257

1. Entity Name
THE CHURCH OF OUR LORD JESUS CHRIST OF THE APOSTOLIC FAITH



Principal Place of Business
**1317 ROWE AVENUE
JACKSONVILLE FL 32208**

Mailing Address
**1317 ROWE AVENUE
JACKSONVILLE FL 32208**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **05-0089600**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GROOVER, GENTLE L
1317 ROWE AVENUE
JACKSONVILLE FL 32208**

Name

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

City

FL

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

SIGNATURE _____ DATE _____
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SBP	<input type="checkbox"/> Delete
NAME	GROOVER, GENTLE L	
STREET ADDRESS	1317 ROWE AVENUE	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	T	<input type="checkbox"/> Delete
NAME	SLATER, RUFUS	
STREET ADDRESS	2020 W-10TH ST	
CITY-ST-ZIP	LAKELAND FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	MCGEE, ROBERT	
STREET ADDRESS	1825 BELLGROVE STREET	
CITY-ST-ZIP	LAKELAND FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	COOPER, STEPHEN	
STREET ADDRESS	11201 SOUTHWEST 188TH ST	
CITY-ST-ZIP	PERRINE FL 33157	
TITLE	T	<input type="checkbox"/> Delete
NAME	GROOVER, KENNETH	
STREET ADDRESS	935 CHAPMAN DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE		<input type="checkbox"/> Delete
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
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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: *Gentle Groover* GENTLE GROOVER 6/30/03 904)768-4009

CR2E037 (10/02)