

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90180 024 ****61.25

DOCUMENT # 824547

1. Entity Name

THE JESUS NAME ASSEMBLY OF THE APOSTOLIC FAITH

Principal Place of Business

Mailing Address

%REV RUBY E HOLMES,PRES
 4456 KENNDLE CIRCLE BOX 9378
 JACKSONVILLE FL 32208

PO BOX 9378
 JACKSONVILLE FL 32208-0378

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1316766

Applied For

Not Applicable

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

HOLMES,RUBY ETTA
9624 GISBORNE DR
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.

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 Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** Delete
 NAME **REV. RUBY ETTA HOLMES-PATTERSON**
 STREET ADDRESS **9624 GISBORNE DR**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **PD** Change Addition
 NAME **Rev. Ruby Patterson**
 STREET ADDRESS **9624 Gisborne Drive**
 CITY-ST-ZIP **Jacksonville, FL 32208**

TITLE **VD** Delete
 NAME **WILLIAMS, EDDIE BISHOP**
 STREET ADDRESS **629 GOLFAIR DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **WILLIAMS, CHRISTA**
 STREET ADDRESS **629 GOLFAIR BLVD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **HOLMES, RUBY ETTA**
 STREET ADDRESS **9624 GISBORNE DR**
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **YOUNG, ALPHONSO BISHOP**
 STREET ADDRESS **1458 LOGAN STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **T** Delete
 NAME **YOUNG, GWENDOLYN**
 STREET ADDRESS **1458 LOGAN STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE Change 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)(l), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alfonso Bishop

Date

4/27/00

Daytime Phone #

CR2E037 (9/99)