

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

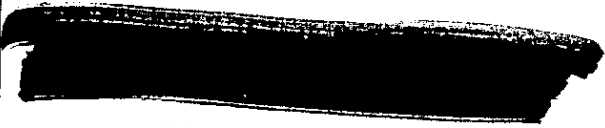
05-30-2002 91587 002 \*\*\*\*61.25

**DOCUMENT # 824547**  
 1. Entity Name  
**THE JESUS NAME ASSEMBLY OF THE APOSTOLIC FAITH**

Principal Place of Business      Mailing Address  
**JESUS NAME ASSEMBLY**      **4456 KENNALE CIRCLE**  
**JACKSONVILLE FL 32208**      **JACKSONVILLE FL 32208**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

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  
**HOLMES-PATTERSON, RUBY E**  
**9624 GISBORNE DR**  
**JACKSONVILLE FL 32208**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ 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 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>REV. RUBY ETTA HOLMES-PATTERSON</b> <b>9624 GISBORNE DR</b> <b>JACKSONVILLE FL</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>WILLIAMS, EDDIE BISHOP</b> <b>629 GOLFAIR DRIVE</b> <b>JACKSONVILLE FL 32206</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>WILLIAMS, CHRISTA</b> <b>629 GOLFAIR BLVD.</b> <b>JACKSONVILLE FL 32208</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OS</b> <b>SMITH, MARCIA</b> <b>322 W 11TH STREET</b> <b>JACKSONVILLE FL 32208</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BM</b> <b>YOUNG, ALPHONSO BISHOP</b> <b>1458 LOGAN STREET</b> <b>JACKSONVILLE FL 32209</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>YOUNG, GWENDOLYN</b> <b>1458 LOGAN STREET</b> <b>JACKSONVILLE FL 32209</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ruby E. Patterson*      **Ruby E. Patterson**      Date **4-22-02**      Daytime Phone # **904 764-3834**

CR2E037 (9/01)