

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


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

04-03-2003 90157 011 ****61.25

UBR004

DOCUMENT # 824547

1. Entity Name
THE JESUS NAME ASSEMBLY OF THE APOSTOLIC FAITH



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

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country

6. Name and Address of Current Registered Agent
**HOLMES-PATTERSON, RUBY E
9624 GISBORNE DR
JACKSONVILLE FL 32208**

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: *Ruby Patterson* DATE: *4/2/03*



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1316766** Applied For Not Applicable

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

7. Name and Address of New Registered Agent

Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ **FL** Zip Code: _____

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

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 | <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: **SIGNATURE REQUIRED** *Gwendolyn Young* **4/2/03**

CR2E037 (10/02)