

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90101 024 ****61.25

DOCUMENT # F94000005105

1. Entity Name ✓
THE SECT OF THE LORD JESUS CHRIST (ACTS 28:22) I

Principal Place of Business P.O. BOX 905 FRUITLAND PARK FL 34731	Mailing Address P.O. BOX 905 FRUITLAND PARK FL 34731
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 23-2226273	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

FORTE, ELSIE A.
40125 MAGNOLIA STREET
LADY LAKE FL 32159

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 *Elsie A. Forte* *Elsie A. Forte* *7/21/2000*
 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 After September 13, 2000 min. will be \$236.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	T	Delete <input type="checkbox"/>	WILSHIRE, ISAIAH
NAME	RR1 BOX 220 E-E DAUGHERTY RD.		
STREET ADDRESS	EQUINUNK PA 18417		
CITY-ST-ZIP			
TITLE	VP	Delete <input type="checkbox"/>	FORTE, ALFRED E
NAME	RR3 BOX 2617		
STREET ADDRESS	HONESDALE PA 18431		
CITY-ST-ZIP			
TITLE	ST	Delete <input type="checkbox"/>	FORTE, ELSIE A
NAME	40125 MAGNOLIA ST.		
STREET ADDRESS	LADY LAKE FL 32159		
CITY-ST-ZIP			
TITLE	TT	Delete <input type="checkbox"/>	LUKEMAN, RACHEL A
NAME	HC66 BOX 89 CREAMTON CORNERS RD.		
STREET ADDRESS	PROMPTON PA 18456		
CITY-ST-ZIP			
TITLE		Delete <input type="checkbox"/>	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		Delete <input type="checkbox"/>	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME
STREET ADDRESS	CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME
STREET ADDRESS	CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME
STREET ADDRESS	CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME
STREET ADDRESS	CITY-ST-ZIP	
TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	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: *Elsie A. Forte* *7/21/2000* *352-753-8536*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/00)