

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **f9900000 4117**

1. Entity Name

Jesus Supernatural Healing Temple Inc
Principal Place of Business Mailing Address

6316 Mockingbird Ln. P.O. 6427

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State *Pensacola, FL*

City & State

4. FEI Number

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

*Bishop Maximo Bumbfield pastor
4510 Lemayne Ln.
Pensacola, FL 32505*

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 *Bishop Maximo Bumbfield*

5-16-000

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 *Church Consultant* ☐ Delete
NAME *Joseph Jackson*
STREET ADDRESS *P.O. Box 6427 Pensacola FLA.*
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE *Dept. 5* ☐ Delete
NAME *Pamela C. Brown*
STREET ADDRESS *P.O. Box 6427*
CITY-ST-ZIP *Pensacola FL 32504*

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Bishop Maximo Bumbfield*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/16/000
Date

433-6158
Daytime Phone #

FILED

Jun 07, 2000 8:00 am
Secretary of State

06-07-2000 90433 031 ****61.25

00059022

DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)