

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

FILED
Jul 15, 2003 8:00 am
Secretary of State

07-15-2003 90022 012 ****61.25

DOCUMENT # N00000006459

1. Entity Name

CHE-BAR TEMPLE COMMUNITY CHURCH OF THE LIVING GOD, INC.



Principal Place of Business

1950 PHOENIX AVE.
JACKSONVILLE FL 32206

Mailing Address

PO BOX 13117
JACKSONVILLE FL 32206-1117

2. Principal Place of Business

3500 N Pearl St
Suite, Apt. #, etc.
Jacksonville Florida
City & State

3. Mailing Address

PO Box 13117
Suite, Apt. #, etc.
Jacksonville FL
City & State



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **31-1758324**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, WILLIAM
1950 PHOENIX AVE.
JACKSONVILLE FL 32206-3221

843 Alderman Rd Apt 573
Jacksonville, FL 32211

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. I am familiar with, and accept the obligations of registered agent.

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
After September 10, 2003, min will be \$236.25

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	WHITE, WILLIAM	
STREET ADDRESS	1950 PHOENIX AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32206-3221	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, JESSIE M	
STREET ADDRESS	1950 PHOENIX AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32206-3221	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEE, TOMMIE	
STREET ADDRESS	1510 WIGMORE ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		
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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

William White 7-11-03 904 683 9446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)