

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008197

1. Entity Name

THE CHURCH OF ELI AND JESUS THE CHRIST, INC.

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90044 031 *****61.25

Principal Place of Business

7555 LUNDY LANE
JACKSONVILLE FL 32210

Mailing Address

1171 LIANE AVE SOUTH
APT 1010
JACKSONVILLE FL 32205

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

ARMSTRONG, LEWIS
1171 LIANE AVE SOUTH APT 1010
JACKSONVILLE FL 32205

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

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 DV
NAME ARMSTONG, SARAH
STREET ADDRESS 7555 LUNDY LANE
CITY-ST-ZIP JACKSONVILLE FL 32210 ☒ Delete

TITLE S. DV
NAME Young, Corinthia
STREET ADDRESS 7555 Lundy Lane
CITY-ST-ZIP Jacksonville, FL. 32210 ☐ Change ☒ Addition

TITLE DP
NAME ARMSTONG, LEWIS
STREET ADDRESS 7555 LUNDY LANE
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME ARMSTONG, EDDIE
STREET ADDRESS 7555 LUNDY LANE
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME HODGE, JANIE
STREET ADDRESS 7555 LUNDY LANE
CITY-ST-ZIP JACKSONVILLE FL 32210 ☒ Delete

TITLE S
NAME Armstrong, Carole
STREET ADDRESS 7555 Lundy Lane
CITY-ST-ZIP Jacksonville, FL. 32210 ☐ Change ☒ Addition

TITLE Y
NAME SANTIAGO, BARBARA
STREET ADDRESS 7555 LUNDY LANE
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME MOTT, LURIE
STREET ADDRESS 7555 LUNDY LANE
CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (9/01)