

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 25, 2001 8:00 am**  
**Secretary of State**

07-25-2001 90012 035 \*\*\*\*61.25

**DOCUMENT # N00000008464**

1. Entity Name

**JESUS PEOPLE LIVING WORD CHURCH, INC.**

Principal Place of Business

C/O ALAN DAWSON  
 4055 NW 183RD STREET  
 MIAMI FL 33055-2830

Mailing Address

C/O ALAN DAWSON  
 4055 NW 183RD STREET  
 MIAMI FL 33055-2830



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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

*3617 Crown Point Rd.*

Suite, Apt. #, etc.  
*Suite 4*

City & State

*Jacksonville, FL*

Zip  
*32257*

Country  
*USA*

3. Mailing Address

*3617 Crown Point Rd*

Suite, Apt. #, etc.  
*Suite 4*

City & State

*Jacksonville, FL*

Zip  
*32257*

Country  
*USA*

4. FEI Number

*59-3684618*

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DAWSON, ALAN B**  
 4055 NW 183RD STREET  
 MIAMI FL 33055-2830

7. Name and Address of New Registered Agent

Name *ALAN B. Dawson*

Street Address (P.O. Box Number is Not Acceptable)  
*3617 Crown Pt. Rd*

*Suite 4*

City *Jacksonville*

**FL**

Zip Code  
*32257*

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

*x Alan Dawson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*7/16/01*

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

TITLE **PD**  Delete  
 NAME **DAWSON, ALAN B**  
 STREET ADDRESS **1828 NW 152ND STREET**  
 CITY-ST-ZIP **OPA-LOCKA FL 33054**

TITLE **VD**  Delete  
 NAME **DAWSON, RENNEE SR.**  
 STREET ADDRESS **1828 NW 152ND STREET**  
 CITY-ST-ZIP **OPA-LOCKA FL 33054**

TITLE **D**  Delete  
 NAME **BISHOP ISAIAH S. WILLIAMS, JR.**  
 STREET ADDRESS **16206 NW 83RD COURT**  
 CITY-ST-ZIP **MIAMI FL 33016**

TITLE **D**  Delete  
 NAME **WILLIAMS, GLORIA Y DR.**  
 STREET ADDRESS **16206 NW 83RD COURT**  
 CITY-ST-ZIP **MIAMI FL 33016**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Change  Addition  
 NAME **ALAN B. Dawson**  
 STREET ADDRESS **3617 Crown Pt Rd Suite 4**  
 CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE **VD**  Change  Addition  
 NAME **Rennee Dawson**  
 STREET ADDRESS **3617 Crown Point Rd, Suite 4**  
 CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:

*x Alan Dawson*

*7/16/01*

*(904) 292-3700*

CR2E037 (10/00)