

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90678 035 ****61.25

DOCUMENT # N00000008464



1. Entity Name
JESUS PEOPLE LIVING WORD CHURCH, INC.

Principal Place of Business Mailing Address
**3617 CROWN POINT RD.
SUITE 4
JACKSONVILLE FL 32257** **3617 CROWN POINT RD.
SUITE 4
JACKSONVILLE FL 32257**

2. Principal Place of Business 3. Mailing Address
9825 San Jose Blvd **Suite, Apt. #, etc.**
Suite, Apt. #, etc. **#15+16**

City & State City & State
Jacksonville, FL

Zip Country Zip Country
32257 **USA**

4. FEI Number **59-3684618** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



X CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**DAWSON, ALAN B
3617 CROWN PT. RD
SUITE 4
JACKSONVILLE FL 32257**

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

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 NAME STREET ADDRESS CITY-ST-ZIP	PD DAWSON, ALAN B 3617 CROWN PT. RD., SUITE 4 JACKSONVILLE FL 32257 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAWSON, RENEE SR. 3617 CROWN POINT RD., SUITE 4 JACKSONVILLE FL 32257 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP ISAIAH S. WILLIAMS, JR. 16206 NW 83RD COURT MIAMI FL 33016 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, GLORIA Y DR. 16206 NW 83RD COURT MIAMI FL 33016 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** **DAWSON** 1/8/03 904 292-3700

CR2E037 (10/02)