

2002 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **NO1000000203**

1. Entity Name

VISIONARIES CHURCH OF GOD IN CHRIST, INCORPORATE
D**FILED**
Jul 02, 2002 8:00 am
Secretary of State

07-02-2002 90808 002 ****70.00

Principal Place of Business Mailing Address
13704 NE 150 STREET P O BOX 140624
ALACHUA FL 32616 GAINESVILLE FL 32614-0624

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3722256

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

BROWN, JESSE B
5400 NW 39 AVE #F-32
GAINESVILLE FL 32606Name **JESSE B. BROWN**

Street Address (P.O. Box Number is Not Acceptable)

4248 N.W. 36th StreetCity **GAINESVILLE****FL**Zip Code **32605**

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 \$61.259. 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 **D** ☐ Delete
NAME **BROWN, JESSE B**
STREET ADDRESS **5400 NW 39 AVE #F-32**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **D** ☒ Delete
NAME **PERRY, BARBARA**
STREET ADDRESS **4102 NW 10 ST**
CITY-ST-ZIP **GAINESVILLE FL 32609**

TITLE **D** ☒ Delete
NAME **FLETCHER, FELICIA**
STREET ADDRESS **1324 NW 16 AVE APT 27**
CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **DIRECTOR CORNELIUS BLUE**
STREET ADDRESS **4000 NW 51st Street, Apt D-80**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☒ Change ☐ Addition
NAME **DIRECTOR ANNETTE LINGO**
STREET ADDRESS **16457 N.W. 121st Terr**
CITY-ST-ZIP **ALACHUA FL 32615**

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:

JESSE B. BROWN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**4/28/02 352-271-5130**

CR2E037 (9/01)