

2002 UNIFORM BUSINESS REPORT (UBR)

1/1

FILED
Mar 10, 2002 8:00 am
Secretary of State

01-16-2002 90238 047 *****70.00

DOCUMENT # NO1000000269

1. Entity Name

GREATER APOSTOLIC CHURCH OF THE REDEEM INC.

Principal Place of Business

Mailing Address

5620 COLLINS RD. 517
JACKSONVILLE FL 32244

5620 COLLINS RD. 517
JACKSONVILLE FL 32244

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

59-3696016

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

Name

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

City

FL

Zip Code

BLACK, LARRY S
5620 COLLINS RD. 517
JACKSONVILLE FL 32244

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 NAME ☐ Delete

NAME **Pastor**
STREET ADDRESS **Larry S. Black Sr.**
CITY-ST-ZIP **5620 Collins RD 517**
JACKSONVILLE, FL 32244

TITLE NAME ☐ Delete

NAME **Secretary**
STREET ADDRESS **MRS Lasanjala Black (T)**
CITY-ST-ZIP **5620 Collins RD 517**
JACKSONVILLE, FL 32244

TITLE NAME ☐ Delete

NAME **Deacon**
STREET ADDRESS **MR LUCIOUS C. MASON (T)**
CITY-ST-ZIP **6079A Red Lion**
JACKSONVILLE, FL 32212

TITLE NAME ☐ Delete

NAME **ERIC Lockwood (T)**
STREET ADDRESS **5682 Bennington DR.**
CITY-ST-ZIP **JACKSONVILLE, FL 32244**

TITLE NAME ☐ Delete

NAME **Vette Lockwood (T)**
STREET ADDRESS **5682 Bennington DR.**
CITY-ST-ZIP **JACKSONVILLE, FL 32244**

TITLE NAME ☐ Delete

NAME **Evang Gail ADAM (T)**
STREET ADDRESS **5620 Collins RD APT 1404**
CITY-ST-ZIP **JACKSONVILLE, FL 32244**

TITLE NAME ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ 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)(f), 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:

LARRY S. BLACK

1/8/02

904-994-8186
904-264-1744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)