

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

FILED

04 APR 26 AM 9:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # *N-01000000269*
1. Entity Name
*Greater Apostolic Church of The Redeemed
Inc.*



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>5102 Timuquana RD</i>		3. Mailing Address <i>5102 Timuquana RD</i>	
Suite, Apt. #, etc. <i>3</i>		Suite, Apt. #, etc. <i>3</i>	
City & State <i>Jacksonville, FL</i>		City & State <i>Jacksonville, FL</i>	
Zip <i>32210</i>	Country <i>DUVAL</i>	Zip <i>32210</i>	Country <i>DUVAL</i>

DO NOT WRITE IN THIS SPACE

4. FEI Number <i>59-3696016</i>	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Pastor Larry S. Black SR.*
Street Address (P.O. Box Number is Not Acceptable)
5102-3 Timuquana RD
Suite 3
City *Jacksonville* FL Zip Code *32210*

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.

1. Agent is the same.
2. Agent did not change
SIGNATURE *Larry S. Black Sr.* DATE *4-23-04*
(NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
Initial or Amended UBR

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	<i>Pastor Larry S. Black 4739 Harlow BLVD Jacksonville, FL 32210</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Evangelist Lashanjala Black 4739 Harlow BLVD Jacksonville, FL 32210</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Deacon Eric Lockwood 5682 Bennington DR. Jacksonville, FL 32244</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Evangelist Yvette Lockwood 5682 Bennington DR. Jacksonville, FL 32244</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Youth Ministry Tangmeka R. Black 4739 Harlow BLVD Jacksonville, FL 32210</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Mother of the Church Ruth Brown 10676 Northwyck DR Jacksonville, FL 32218</i>

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>100032516171 04/13/04--01023--015 **70.00</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE *Larry S. Black Sr.* *Pastor Larry S. Black SR.* *904-317-3234*

CR2E037B (12/02)