

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

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90007 041 ****70.00

DOCUMENT # N01000000269

1. Entity Name
GREATER APOSTOLIC CHURCH OF THE REDEEM INC.



Principal Place of Business
**5620 COLLINS RD. 517
JACKSONVILLE FL 32244**

Mailing Address
**5620 COLLINS RD. 517
JACKSONVILLE FL 32244**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

5102 TIMUQUANA ROAD

3. Mailing Address

5102 TIMUQUANA ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3

3

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number **59-3696016**

☒ Applied For
☐ Not Applicable

Zip
32210

Country
Duval

Zip

32210

Country
Duval

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **Larry S. Black**

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

5102 TIMUQUANA ROAD

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.

SIGNATURE **Larry S. Black** **Larry S. Black (Pastor)** **1/7/03**

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 **P** ☐ Delete
NAME **BLACK, LARRY S SR**
STREET ADDRESS **5620 COLLINS RD #517**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **ST** ☐ Delete
NAME **BLACK, LASAUNJALA MRS**
STREET ADDRESS **5620 COLLINS RD #517**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **OT** ☐ Delete
NAME **MASON, LUCIOUS R MR**
STREET ADDRESS **6079A RED LION**
CITY-ST-ZIP **JACKSONVILLE FL 32212**

TITLE **T** ☐ Delete
NAME **LOCKWOOD, ERIC**
STREET ADDRESS **5682 BENNINGTON DR**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **T** ☐ Delete
NAME **LOCKWOOD, YVETTE**
STREET ADDRESS **5682 BENNINGTON DR**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

TITLE **T** ☒ Delete
NAME **ADAM, EVANG. GAIL**
STREET ADDRESS **5620 COLLINS ROAD APT 1404**
CITY-ST-ZIP **JACKSONVILLE FL 32244**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition
NAME **Youth Minister**
STREET ADDRESS **5620 COLLINS RD APT 517**
CITY-ST-ZIP **Jacksonville, FL 32244**

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: **Larry S. Black** **Larry S. Black SR** **1/7/03** **904-264-1744**

CR2E037 (10/02)