

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 16, 2002 8:00 am**  
**Secretary of State**

09-16-2002 90159 013 \*\*\*\*61.25

**DOCUMENT #^NO1000008139**

1. Entity Name  
**CHURCH OF GOD 1903 INC.**

Principal Place of Business      Mailing Address  
**12769 GILLESPIE AVE      12769 GILLESPIE AVE**  
**JACKSONVILLE FL 32218      JACKSONVILLE FL 32218**

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      Applied For  
**59-3728 628**      Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PEEK, DAVID H**  
**1301 RIVERPLACE BLVD STE 1609**  
**JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name **Jimmie E. Sessions Sr.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**12769 Gillespie Ave.**  
 City **JACKSONVILLE**      **FL**      Zip Code **32218**

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:      DATE: **9/12/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**After September 13, 2002,**  
**min. will be \$236.25.**

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

TITLE	<b>T</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SESSIONS, JIMMIE E JR</b>	
STREET ADDRESS	<b>12769 GILLESPIE AVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32218</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>ALCOTT, DAVID</b>	
STREET ADDRESS	<b>840 SARANAC ST</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32255</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>LYNN, JIMMY</b>	
STREET ADDRESS	<b>132 SAGO AVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32218</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SESSIONS, Jimmie E. SR.</b>	
STREET ADDRESS	<b>12769 GILLESPIE AVE.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE, FL 32218</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:      DATE: **9/12/02**

CR2E037 (4/02)