

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

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90117 019 ****61.25

DOCUMENT # N01000008858

1. Entity Name
JOINT HEIRS CHRISTIAN CENTER CHURCH, INC.



Principal Place of Business

**590 RINEHART ROAD. #3
LAKE MARY FL 32746**

Mailing Address

**P.O. BOX 953503
LAKE MARY FL 32795-3503**

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 **59-3706689**

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

**ADAMS, PRESTON
8092 CANYON LAKE CIRCLE
ORLANDO FL 32835**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete
NAME **HARDY, WILLIAM**
STREET ADDRESS **1101 FIRST DRIVE**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE **VD** ☐ Change ☒ Addition
NAME **Lowman Oliver**
STREET ADDRESS **707 South Sanford Ave.**
CITY-ST-ZIP **SANFORD, FLORIDA 32771**

TITLE **TD** ☐ Delete
NAME **EVANS, HORTENSE DR**
STREET ADDRESS **1805 CHERRY RIDGE DRIVE**
CITY-ST-ZIP **HEATHROW FL 32746**

TITLE **ERNEST Culbert** ☐ Change ☒ Addition
NAME **2931 W. 5th STREET**
STREET ADDRESS **SANFORD, FL. 32771**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **JACKSON, JOYCE**
STREET ADDRESS **1133 EAST 7TH AVE.**
CITY-ST-ZIP **SANFORD FL 32771**

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

TITLE **PCD** ☐ Delete
NAME **ADAMS, PRESTON S JR.**
STREET ADDRESS **8092 CANYON LAKE CIRCLE**
CITY-ST-ZIP **ORLANDO FL 32835**

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

TITLE **D** ☐ Delete
NAME **FISHER, INEZ**
STREET ADDRESS **678 GOODRICH DR.**
CITY-ST-ZIP **DELTONA FL 32838**

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

TITLE **D** ☐ Delete
NAME **WEBSTER, JOYCE**
STREET ADDRESS **684 RALEIGH COURT**
CITY-ST-ZIP **DELTONA FL 32738**

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

SIGNATURE

4/20/03 (467) 344

833-9255

CR2E037 (10/02)