

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N03000000274

FILED
Sep 10, 2003
Secretary of State

Entity Name: DISCIPLESHIP CHRISTIAN CENTER

Current Principal Place of Business:

7917 TORY CIRCLE
JACKSONVILLE, FL 32208 US

New Principal Place of Business:

Current Mailing Address:

7917 TORY CIRCLE
JACKSONVILLE, FL 32208 US

New Mailing Address:

FEI Number: 01-0763781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WOODEN, WALTER L
7917 TORY CIRCLE
JACKSONVILLE, FL 32208 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WOODEN, WALTER L
Address: 7917 TORY CIRCLE
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: P () Delete
Name: WOODEN, RUPUNZEL G
Address: 7917 TORY CIRCLE
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: S () Delete
Name: OLIVER, TAKECIA
Address: 4567 ASTRAL STREET
City-St-Zip: JACKSONVILLE, FL 32205 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WOODEN, WALTER L
Address: 7917 TORY CIRCLE
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: D (X) Change () Addition
Name: WOODEN, RUPUNZEL G
Address: 7917 TORY CIRCLE
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: D (X) Change () Addition
Name: OLIVER, TAKECIA
Address: 4567 ASTRAL STREET
City-St-Zip: JACKSONVILLE, FL 32205 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WOODEN WALTER

D

09/10/2003

Electronic Signature of Signing Officer or Director

Date