

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N05003

1. Entity Name

FAITH TEMPLE ASSEMBLY OF GOD OF JACKSONVILLE, IN C.

Principal Place of Business

6561 FIRESTONE RD
JACKSONVILLE FL 32244

Mailing Address

6561 FIRESTONE RD
JACKSONVILLE FL 32244

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2236275

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STRICKLAND, JEUL
8629 BLUEBELL LN
JACKSONVILLE FL 32244

7. Name and Address of New Registered Agent

Name STRICKLAND, JEUL

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

5720 PIPER GLEN BLVD.

City JACKSONVILLE

FL

Zip Code 32222

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.

SIGNATURE JEUL STRICKLAND PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

4-11-02

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
Department of State

10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE VOTING BOY
NAME BAITY, HARRY
STREET ADDRESS 1124 LEGAY AVENUE
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE D
NAME CREWS, BILL
STREET ADDRESS 3784 MOONFLOWER RD
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE DS
NAME BOYD, DON
STREET ADDRESS 10778 SPURS CT.
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE PD
NAME STRICKLAND, JEUL
STREET ADDRESS 3808 LANE AVE. S.
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE D
NAME CONRAD, RON
STREET ADDRESS 11346 KITRELL PINES TERRACE
CITY-ST-ZIP JACKSONVILLE FL 32220 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VDT
NAME BAITY, HARRY
STREET ADDRESS 10 BEACHSIDE DR.
CITY-ST-ZIP PALM COAST, FL. 32137 ☒ Change ☐ Addition

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

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

TITLE PD
NAME STRICKLAND, JEUL
STREET ADDRESS 5720 PIPER GLEN BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32222 ☒ Change ☐ Addition

TITLE D
NAME PFEIL, CHRIS
STREET ADDRESS 2884 PLUM ORCHARD DRIVE
CITY-ST-ZIP ORANGE PARK, FL. 32073 ☐ Change ☒ Addition

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

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: JEUL STRICKLAND PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02 (904) 771-4757

Date

Daytime Phone #

CR2E037 (9/01)