

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N08709

1. Entity Name

JESUS BIBLE WAY CHURCH, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90086 043 ****70.00

Principal Place of Business

Mailing Address

564 EAST 64TH STREET
JACKSONVILLE FL 32208

564 EAST 64TH STREET
JACKSONVILLE FL 32208-4279

2. Principal Place of Business

564 E 64th St.

3. Mailing Address

486 MALCROSS AVE

Suite, Apt. #, etc.

JAX.

Suite, Apt. #, etc.

JAX. FL.

City & State

FL.

City & State

4. FEI Number

59-2657259

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOODY, RICHARD H
754 E. 61ST STREET
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent

Name GARLAND Rhoden.

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

486 MALCROSS AVE

City

JAX.

FL

Zip Code

32208

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

(Pastor) GARLAND Rhoden

3-24-2000

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MOODY, RICHARD H	<u>Deceased</u>
STREET ADDRESS	754 E 61ST STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SUTTON, JAMES R	
STREET ADDRESS	7115 BLOXHAM	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	RHODEN, GARLAND	
STREET ADDRESS	486 MALCROSS AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	PASTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARLAND Rhoden	
STREET ADDRESS	486 MALCROSS AVE	
CITY-ST-ZIP	JAX. FL. 32208	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	NOLA, T. SHEPHERD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1405 LILA Street.	
STREET ADDRESS	JAX. FL. 32208	
CITY-ST-ZIP	(TREASURER)	
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: *GARLAND Rhoden* 4-8-2000 - 904-7688871

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)