

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N11514**

**(9)**

1. Corporation Name

**JUBILEE CHRISTIAN CENTER, INC.**



Principal Place of Business

Mailing Address

**420 NORWOOD AVENUE  
P. O. BOX 373164  
SATELLITE BEACH FL 32937-3164  
US**

**420 NORWOOD AVENUE  
P. O. BOX 373164  
SATELLITE BEACH FL 32937-3164  
US**

3. Date Incorporated or Qualified  
**10/07/1985**

3a. Date of Last Report  
**04/03/1995**

2. Principal Place of Business  
21 **420 NORWOOD AVE.**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **P.O. Box 373164**  
Suite, Apt. #, etc.

4. FEI Number  
**59-2578349**  
Applied For  
Not Applicable

22 **P.O. Box 373164**  
City & State

27  
City & State

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

23 **SATELLITE BEACH**  
Zip

28 **SATELLITE BEACH FL.**  
Zip

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 **32937-3164** 25 **U.S.**

29 **32937** 30 **U.S.**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BLACK, GERALD M.  
420 NORWOOD AVE.  
SATELLITE BCH. FL 32937**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLACK, GERALD M.	
STREET ADDRESS	420 NORWOOD AVENUE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BLACK, PATRICIA L.	
STREET ADDRESS	420 NORWOOD AVENUE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCLARTY, JAN	
STREET ADDRESS	1435 HAGEN LANE	
CITY-ST-ZIP	ROCKLEDGE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANKLIN, TIM	
STREET ADDRESS	345 BAYHEAD DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAN C. MCLARTY**

**4/8/96**

**407/633-2046**

Date

Daytime Phone #

CR2E037 (12/95)