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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 04, 1999 8:00 am**  
**Secretary of State**

03-04-1999 90217 016 \*\*\*\*61.25

0020273

**DOCUMENT # N11514**

1. Corporation Name

**JUBILEE CHRISTIAN CENTER, INC.**

Principal Place of Business

**420 NORWOOD AVE  
P. O. BOX 373164  
SATELLITE BEACH FL 32937  
US**

Mailing Address

**P. O. BOX 373164  
P. O. BOX 373164  
SATELLITE BEACH FL 32937  
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

**10/07/1985**

4. FEI Number

**59-2578379**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME **PD  
BLACK, GERALD M.  
STREET ADDRESS 420 NORWOOD AVENUE  
CITY-ST-ZIP SATELLITE BEACH FL**

TITLE ☐ DELETE

NAME **STD  
BLACK, PATRICIA L.  
STREET ADDRESS 420 NORWOOD AVENUE  
CITY-ST-ZIP SATELLITE BEACH FL**

TITLE ☐ DELETE

NAME **D  
MCLARTY, JAN  
STREET ADDRESS 1435 HAGEN LANE  
CITY-ST-ZIP ROCKLEDGE FL**

TITLE ☐ DELETE

NAME **D  
HOY, JEFFREY D  
STREET ADDRESS P.O. BOX 410646 N/A  
CITY-ST-ZIP MELBOURNE FL 32941**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

**PATRICIA L. BLACK** **PATRICIA L. BLACK** **1-25-99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)