

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11514

1. Entity Name

JUBILEE CHRISTIAN CENTER, INC.

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90132 037 \*\*\*\*61.25

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 32937-1164  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2578379

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES 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 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	HOY, JEFFREY D	
STREET ADDRESS	P.O. BOX 410646 N/A	
CITY-ST-ZIP	MELBOURNE FL 32941	
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		<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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: PATRICIA L. BLACK 1-28-00 4077737254  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)