

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # N11514**

1. Entity Name

**JUBILEE CHRISTIAN CENTER, INC.**

Principal Place of Business

Mailing Address

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

**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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	BLACK, GERALD M.	420 NORWOOD AVENUE	SATELLITE BEACH FL	<input type="checkbox"/>	<input type="checkbox"/>
STD	BLACK, PATRICIA L.	420 NORWOOD AVENUE	SATELLITE BEACH FL	<input type="checkbox"/>	<input type="checkbox"/>
D	MCLARTY, JAN	1435 HAGEN LANE	ROCKLEDGE FL	<input type="checkbox"/>	<input type="checkbox"/>
D	HOY, JEFFREY D	P.O. BOX 410646 N/A	MELBOURNE FL 32941	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

CR2E037 (9/99)