

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90183 005 ****61.25

DOCUMENT # N11514

1. Entity 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

571 WETHERSFIELD PL

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 411076

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MELBOURNE, FL

Zip
32940

Country
USA

City & State
MELBOURNE FL

Zip
32941-1076

Country
USA

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)

474 BOWIE AVE

City
WEST MELBOURNE

FL

Zip Code
32904

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

N/A

GERALD M. BLACK, PRESIDENT 2-21-02

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
474 BOWIE AVE. WEST MELBOURNE, FL, 32904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
474 BOWIE AVE. WEST MELBOURNE, FL, 32904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

PATRICIA L. BLACK 2-21-02 254-1022

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)