

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11514

FILED  
Apr 14, 2008  
Secretary of State

Entity Name: JUBILEE CHRISTIAN CENTER, INC.

## Current Principal Place of Business:

6381 PORTOFINO LANE  
MELBOURNE, FL 32940 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 411076  
MELBOURNE, FL 329411076 US

## New Mailing Address:

FEI Number: 59-2578349

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLACK, GERALD M MR.  
6381 PORTOFINO LANE  
MELBOURNE, FL 32940 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BLACK, GERALD M MR.  
Address: 6381 PORTOFINO LANE  
City-St-Zip: MELBOURNE, FL 32940 US

Title: STD ( ) Delete  
Name: BLACK, PATRICIA L MRS.  
Address: 6381 PORTOFINO LANE  
City-St-Zip: MELBOURNE, FL 32940 US

Title: D ( ) Delete  
Name: MCLARTY, JAN MS.  
Address: 1435 HAGEN LANE  
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: D ( ) Delete  
Name: HOY, JEFFREY D DR.  
Address: 2820 BUSINESS CENTER BLVD.  
City-St-Zip: MELBOURNE, FL 32940 US

Title: D ( ) Delete  
Name: BLACK, LUKE M MR.  
Address: 7413 E. POLK ST.  
City-St-Zip: SCOTTSDALE, AZ 85257 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BLACK, LUKE M MR.  
Address: 1701 E. COLTER ST. #280  
City-St-Zip: PHOENIX, AZ 85016 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA L. BLACK

STD

04/14/2008

Electronic Signature of Signing Officer or Director

Date