

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N15765

1. Entity Name

ADOPTION CHURCH OF JESUS CHRIST, INC.

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90168 003 ****61.25

Principal Place of Business

Mailing Address

4057 46TH ST.
VERO BEACH FL 32967

4057 46TH ST.
VERO BEACH FL 32967

2. Principal Place of Business

705 CEDAR PLACE

3. Mailing Address

4057-46TH STREET

Suite, Apt. #, etc.

FORT PIERCE FLA

Suite, Apt. #, etc.

VERO BEACH FLA

City & State

ST. LUCIA

City & State

32967-1150

Zip

34948

Country

Zip

Country

INDIAN RIVER

4. FEI Number

65-0039131

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

PETERSON, WILLIAM L.
4057 46TH ST.
VERO BEACH FL 32967

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: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PETERSON, WILLIAM L. 4057 46TH ST. VERO BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITFIELD, SELTON 8375 63RD CT. WABASSO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TULLIS, LARRY 2801 DUNBAR ST. FT. PIERCE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, DEVERLY 4057 46TH STREET VERO BEACH FL	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: REV. WILLIAM L. PETERSON
Rev. William L. Peterson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-2002-772-778-3225

Date

Daytime Phone #

CR2E037 (9/01)