## 2003 NOT-FOR-PROFIT CORPORATION

## Apr 10, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # **N15765** 04-10-2003 90068 026 \*\*\*\*61.25 ADOPTION CHURCH OF JESUS CHRIST, INC. Principal Place of Business Mailing Address 705 CEDAR PLACE 4057 46TH ST. FORT PIERCE FL 34948 VERO BEACH FL 32967 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 65-0039131 City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PETERSON, WILLIAM L. Street Address (P.O. Box Number is Not Acceptable) 4057 46TH ST. VERO BEACH FL 32967 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. Addition TITLE ☐ Delete TITLE ☐ Change PETERSON, WILLIAM L. NAME NAME STREET ADDRES 4057 46TH ST. STREET ADDRESS CITY-ST-ZIP CITY-SI-JIP vero Beach Fl TITLE ☐ Delete TITLE ☐ Change Addition WHITFIELD, SELTON NAME V NAME STREET ADDRESS 8375 63RD CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WABASSO FL TITLE Delete TITLE ☐ Addition NAME TULLIS, LARRY STREET ADDRESS 2801 DUNBAR ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. PIERCE FL ☐ Delete ☐ Change ☐ Addition PETERSON, DEVERLY NAME NAME STREET ADDRESS 4057 46TH STREET STREET ADDRESS CITY-ST-ZIP VERO BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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

NAME

STREET ADDRESS CITY-ST-ZIP

NAME

STREET ADDRESS

SIGNATURE: KEY William

**FILED**