

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N20452**

1. Entity Name

**THE CHURCH OF THE KINGDOM OF GOD, INC.**

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

02-16-2000 90141 040 \*\*\*\*70.00

Principal Place of Business <b>245 WEST ATWATER AVE. EUSTIS FL 32727-7577</b>	Mailing Address <b>P.O. BOX 577 245 WEST ATWATER AVENUE EUSTIS FL 32727-0577 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>59-3202469</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**JACKSON, ALVIN B., JR.  
P O BOX 124  
211 WEST ATWATER AVE  
EUSTIS, FL 32727**

7. Name and Address of New Registered Agent

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>JACKSON, SHARON</b>
STREET ADDRESS	<b>2409 M L KING JR DR</b>
CITY-ST-ZIP	<b>ALBANY GA 31701</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>BRIGGS, ESSIE L</b>
STREET ADDRESS	<b>1681 N.W. 155TH STREET</b>
CITY-ST-ZIP	<b>OPA-LOCKA FL 33054</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>LAVAN, PAUL</b>
STREET ADDRESS	<b>840 WHITFIELD ST.</b>
CITY-ST-ZIP	<b>MULBERRY FL 33860</b>
TITLE	<b>CD</b> <input type="checkbox"/> Delete
NAME	<b>EVANS, PRECIOUS M</b>
STREET ADDRESS	<b>6105 NE 39TH BLVD.</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32607</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>STRAWN, PAUL</b>
STREET ADDRESS	<b>1480 KATHLEEN RD.</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>TOOMER, ENOCH</b>
STREET ADDRESS	<b>PO BOX 641 N/A</b>
CITY-ST-ZIP	<b>ALBANY GA 31705</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Alvin B. Jackson, Jr. 1/29/00 (252)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 357-4467

CR2E037 (9/99)