

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90172 040 ****70.00

DOCUMENT # N20452

1. Entity Name

THE CHURCH OF THE KINGDOM OF GOD, INC.

Principal Place of Business

Mailing Address

**245 WEST ATWATER AVE.
 EUSTIS FL 32727-7577**

**P.O. BOX 577
 245 WEST ATWATER AVENUE
 EUSTIS FL 32727-0577
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3202469

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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

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

(Signature) **ALVIN B. JACKSON, JR.** 3/11/02 (352) 589-4990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)