

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90181 031 \*\*\*\*78.75

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**DOCUMENT # N20452**

1. Entity Name  
**THE CHURCH OF THE KINGDOM OF GOD, INC.**



Principal Place of Business  
**245 WEST ATWATER AVE.  
EUSTIS FL 32727-7577**

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



CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Alvin B. Jackson Jr.*

*Alvin B. Jackson, Jr.*

*2/21/03*

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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>	

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	<b>CD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Lavan, Paul</b>	
STREET ADDRESS	<b>840 Whitfield street</b>	
CITY-ST-ZIP	<b>Mulberry, FL 33860</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Evans, Precious M.</b>	
STREET ADDRESS	<b>6105 NE 39th Street Blvd.</b>	
CITY-ST-ZIP	<b>Gainesville, FL 32607</b>	
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		

CR2E037 (10/02)

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: *Sharon Jackson* SIGNATURE REQUIRED *Sharon Jackson (D)* Feb. 21, 2003 (229) 436-8922