

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20626

1. Entity Name

CHURCH OF ETERNITY IN CHRIST JESUS INC.

Principal Place of Business

2911 NW 25 STREET
FT. LAUDERDALE FL 33311

Mailing Address

2931 N.E. 11TH TERR
GAINESVILLE FL 32609
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MCQUEEN, ROEBUCK
2911 N.W. 25 STREET
FT. LAUDERDALE FL 33311

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

TITLE PD
NAME MCQUEEN, ROSA LEE
STREET ADDRESS 2911 NW 25 STREET
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE TD
NAME GREEN, ROSEMARY
STREET ADDRESS 2931 NW 25 STREET
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE D
NAME JONES, WILLIE M.
STREET ADDRESS 626 SW 147 AVE., #110
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

TITLE S
NAME CARR, BERNICE
STREET ADDRESS 425 SW 4TH AVE. #504
CITY-ST-ZIP FT LAUDERDALE FL 33311 ☐ Delete

TITLE B
NAME JENKINS, JEROME
STREET ADDRESS 2931 NE 11TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90342 035 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)