

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90013 030 \*\*\*\*61.25

**DOCUMENT # N22367**

1. Entity Name

**CHURCH OF JESUS CHRIST OF MARIANNA, INC.**

Principal Place of Business

Mailing Address

**2620 OLD AIRBASE ROAD  
 MARIANNA FL 32308**

**4060 THOMASVILLE LANE  
 MARIANNA FL 32448**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3164109**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EVANS, JACK O  
 4040 ROSCREA DR.  
 TALLAHASSEE FL 32308**

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

*Jack O. Evans*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/9/02**

**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	PD	<input type="checkbox"/> Delete
NAME	VLIEG, BERNARD	
STREET ADDRESS	4060 THOMASVILLE LANE	
CITY-ST-ZIP	MARIANNA FL 32448	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	HARRELL, RICK	
STREET ADDRESS	42 KENNETH CIRCLE	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	SD	<input type="checkbox"/> Delete
NAME	EVANS, JACK O	
STREET ADDRESS	4040 ROSCREA DR.	
CITY-ST-ZIP	TALLAHASSEE FL 32309	
TITLE	TD	<input type="checkbox"/> Delete
NAME	VLIEG, LEOLA	
STREET ADDRESS	4060 THOMASVILLE LANE	
CITY-ST-ZIP	MARIANNA FL 32448	
TITLE	MD	<input type="checkbox"/> Delete
NAME	SHAW, LAMAR	
STREET ADDRESS	42 KENNETH CIR.	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	MD	<input type="checkbox"/> Delete
NAME	KIGER, GARY	
STREET ADDRESS	4069 RIVER RD.	
CITY-ST-ZIP	SNEADS FL 32460	

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	
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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:

*Leola Vlieg*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-14-02**

Date

**850-482-2282**

Daytime Phone #

CR2E037 (9/01)