


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

0068651

DOCUMENT # N22367

1. Entity Name
CHURCH OF JESUS CHRIST OF MARIANNA, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
03 JUL 17 PM 12:11

Principal Place of Business
**2620 OLD AIRBASE ROAD
MARIANNA FL 32308**

Mailing Address
**4060 THOMASVILLE LANE
MARIANNA FL 32448**



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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES *MPS*

4. FEI Number **59-3164109**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**EVANS, JACK O
4040 ROSCREA DR.
TALLAHASSEE FL 32308**

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

SIGNATURE *Jack O. Evans*
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VLIEG, BERNARD 4060 THOMASVILLE LANE MARIANNA FL 32448	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HARRELL, RICK 42 KENNETH CIRCLE CRAWFORDVILLE FL 32327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EVANS, JACK O 4040 ROSCREA DR. TALLAHASSEE FL 32309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VLIEG, LEOLA 4060 THOMASVILLE LANE MARIANNA FL 32448	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SHAW, LAMAR 42 KENNETH CIR. CRAWFORDVILLE FL 32327	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD KIGER, GARY 4069 RIVER RD. SNEADS FL 32480	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
600021745186 07/23/03--01048--021 **61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Jack O. Evans* **SIGNATURE REQUIRED** 7/17/03

CR2E037 (10/02)