

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2000 8:00 am
Secretary of State

02-27-2000 90010 001 ****61.25

DOCUMENT # N28078

1. Entity Name

ASSEMBLY OF JESUS CHRIST INC.

Principal Place of Business

Mailing Address

**1212 N. 25TH ST.
 FORT PIERCE FL 34950**

**307 S. 14TH ST.
 FT. PIERCE FL 34950-3907**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0047539

Applied For

Not Applicable

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

**SANDERS, VERNETTA
 307 S. 14TH STREET
 FORT PIERCE FL 34950**

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 Delete
 NAME **VD SANDERS, VERNETTA**
 STREET ADDRESS **307 S. 14TH STREET**
 CITY-ST-ZIP **FORT PIERCE FL 34950**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D HODGE, STEPHENSON**
 STREET ADDRESS **1411 N. 25TH ST.**
 CITY-ST-ZIP **FORT PIERCE FL 34950**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T JACOBS, PEGGY**
 STREET ADDRESS **1214 S. 12TH STREET**
 CITY-ST-ZIP **FORT PIERCE FL 34950**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MILLER, MITCHELL**
 STREET ADDRESS **3105 AVE L**
 CITY-ST-ZIP **FORT PIERCE FL 34947**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **P SANDERS, LORENZIA**
 STREET ADDRESS **307 S. 14TH STREET**
 CITY-ST-ZIP **FT. PIERCE FL 34950**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S HART, MARY**
 STREET ADDRESS **1703 N. 43RD STREET**
 CITY-ST-ZIP **FORT PIERCE FL 34947**

TITLE Change 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: *Lorenzia Sanders* **SIGNATURE REQUIRED Lorenzia Sanders 2-10-00 (561)466-11953**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)