

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

0056174

**DOCUMENT # N28078**

1. Entity Name

**ASSEMBLY OF JESUS CHRIST INC.**

04-02-2002 90855 001 \*\*\*\*\*8.75

04-02-2002 90855 002 \*\*\*\*\*61.25

Principal Place of Business <b>1212 N. 25TH ST. FORT PIERCE FL 34950</b>	Mailing Address <b>307 S. 14TH ST. FT. PIERCE FL 34950</b>
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DO NOT WRITE IN THIS SPACE

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 <b>65-0047539</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

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

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>SANDERS, VERNETTA</b>
STREET ADDRESS	<b>307 S. 14TH STREET</b>
CITY-ST-ZIP	<b>FORT PIERCE FL 34950</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>HODGE, STEPHENSON</b>
STREET ADDRESS	<b>1411 N. 25TH ST.</b>
CITY-ST-ZIP	<b>FORT PIERCE FL 34950</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>JACOBS, PEGGY</b>
STREET ADDRESS	<b>1214 S. 12TH STREET</b>
CITY-ST-ZIP	<b>FORT PIERCE FL 34950</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MILLER, MITCHELL</b>
STREET ADDRESS	<b>3105 AVE L</b>
CITY-ST-ZIP	<b>FORT PIERCE FL 34947</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>SANDERS, LORENZIA</b>
STREET ADDRESS	<b>307 S. 14TH STREET</b>
CITY-ST-ZIP	<b>FT. PIERCE FL 34950</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>HART, MARY</b>
STREET ADDRESS	<b>1703 N. 43RD STREET</b>
CITY-ST-ZIP	<b>FORT PIERCE FL 34947</b>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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
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:** *[Signature]* **SIGNATURE REQUIRED** **3-24-02** **772 466 4953**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)