


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

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90261 001 *****8.75
02-05-2003 90261 002 *****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**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

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

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

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	P OSSIE ROBINSON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1509 EDGEWOOD TER. APT A	
CITY-ST-ZIP	FORT PIERCE, FL 34950	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2479 ATLANTIS DRIVE APT 1	
CITY-ST-ZIP	FORT PIERCE, FL 34981	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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** 1/27/03 772-466-4953

CR2E037 (10/02)