

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90022 001 ****61.25
 01-20-2000 90022 002 *****8.75

DOCUMENT # N33177

1. Entity Name
JESUS SAVES THRU FAITH PENTECOSTAL APOSTOLIC CHU

Principal Place of Business 3614 E LOUISIANA AVE C/O ADRIAN M SHAW JR. TAMPA FL 33610 US	Mailing Address 3110 N YBOR STREET C/O ADRIAN M SHAW JR. TAMPA FL 33605-1857 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2920967	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
SHAW, ADRIAN M.
3403 12TH STREET
TAMPA FL 33605

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 _____ (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

TITLE	D	<input type="checkbox"/> Delete
NAME	SHAW, ADRIAN M. JR.	
STREET ADDRESS	3403 12TH ST	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAW, BARBARA B.	
STREET ADDRESS	3110 N. YBOR STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHAW, CHRISTINE D	
STREET ADDRESS	3403 12TH STREET	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCDUFFIE, CAROLYN	
STREET ADDRESS	23212 MLK BLVD	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	MCDUFFIE, CAROLYN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2212 MLK. BLVD	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS JORDAN	
STREET ADDRESS	1512 BIRD ST.	
CITY-ST-ZIP	TAMPA FL 33604	
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: BARBARA B. Shaw BARBARA B. Shaw 1-07-2000 (813)248-0043

CR2E037 (9/99)