

**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<br>3614 E LOUISIANA AVE<br>C/O ADRIAN M SHAW JR.<br>TAMPA FL 33610<br>US | Mailing Address<br>3110 N YBOR STREET<br>C/O ADRIAN M SHAW JR.<br>TAMPA FL 33605-1857<br>US |
|--|---|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

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



DO NOT WRITE IN THIS SPACE

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          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>SHAW, ADRIAN M. JR.</b>               |
| STREET ADDRESS | <b>3403 12TH ST</b>                      |
| CITY-ST-ZIP    | <b>TAMPA FL</b>                          |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>SHAW, BARBARA B.</b>                  |
| STREET ADDRESS | <b>3110 N. YBOR STREET</b>               |
| CITY-ST-ZIP    | <b>TAMPA FL</b>                          |
| TITLE          | <b>D</b> <input type="checkbox"/> Delete |
| NAME           | <b>SHAW, CHRISTINE D</b>                 |
| STREET ADDRESS | <b>3403 12TH STREET</b>                  |
| CITY-ST-ZIP    | <b>TAMPA FL</b>                          |
| TITLE          | <b>S</b> <input type="checkbox"/> Delete |
| NAME           | <b>MCDUFFIE, CAROLYN</b>                 |
| STREET ADDRESS | <b>23212 MLK BLVD</b>                    |
| CITY-ST-ZIP    | <b>TAMPA FL 33610</b>                    |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>MCDUFFIE, CAROLYN</b>   |
| STREET ADDRESS | <b>2212 MLK. BLVD</b>  |
| CITY-ST-ZIP    | <b>TAMPA, FL 33610</b>   |
| TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | <b>THOMAS JORDAN</b>   |
| STREET ADDRESS | <b>1512 BIRD ST.</b>   |
| CITY-ST-ZIP    | <b>TAMPA FL 33604</b>  |
| 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)