

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90129 025 ****61.25

DOCUMENT # N49126

1. Entity Name

CHURCH OF JESUS CHRIST PENTECOSTAL ASSEMBLIES OF

Principal Place of Business

Mailing Address

1399 STATE STREET W
 JACKSONVILLE FL 32204
 US

3931 TOWHEE LANE
 JACKSONVILLE FL 32207-6136
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3136535

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

FLETCHER, JOE L.
3931 TOWHEE LN
JACKSONVILLE FL 32207-6136

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

Joe L. Fletcher

5-1-2000

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

T Delete
 TITLE NAME
FLETCHER, WILLIAM
 STREET ADDRESS
2103 NELSON AVE
 CITY-ST-ZIP
JACKSONVILLE FL 32254

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

TT Delete
 TITLE NAME
FLETCHER, DOROTHY
 STREET ADDRESS
3931 TOWHEE LN.
 CITY-ST-ZIP
JACKSONVILLE FL 32207

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

T Delete
 TITLE NAME
FLETCHER, BERNARD
 STREET ADDRESS
3983 O'RIELY DR
 CITY-ST-ZIP
JACKSONVILLE FL

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

P Delete
 TITLE NAME
FLETCHER, JOE
 STREET ADDRESS
3931 TOWHEE LN.
 CITY-ST-ZIP
JACKSONVILLE FL 32207

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Delete
 TITLE NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
 TITLE 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:

Joe L. Fletcher
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-2000

(904) 398-7870

Date

Daytime Phone #

CR2E037 (9/99)