

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49126

1. Entity Name

CHURCH OF JESUS CHRIST PENTECOSTAL ASSEMBLIES OF

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

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

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

Zip

Country

Zip

Country

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

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
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
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
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
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
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)