## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 16, 2001 8:00 am Secretary of State **DOCUMENT # N49126** 05-16-2001 90409 029 \*\*\*\*61.25 CHURCH OF JESUS CHRIST PENTECOSTAL ASSEMBLIES OF Principal Place of Business Mailing Address 1399.STATE STREET W 3931 TOWHEE LANE C0068222 JACKSONVILLE FL 32207-6136 JACKSONVILLE FL 32204 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3136535 Not Applicable Zip Country \$8.75 Additional Country Zio 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent, ——— Street Address (P.O. Box Number is Not Acceptable) FLETCHER, JOE L. 3931 TOWHEE LN JACKSONVILLE FL Zip Code ned entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida 5.1.2001 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State** FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change ☐ Addition Delete TITLE TITLE NAME FLETCHER, WILLIAM NAME STREET ADDRESS STREET ADDRESS 2103 NELSON AVE CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32254 Change ☐ Addition TITLE ☐ Delete TITLE FLETCHER, DOROTHY NAME NAME STREET ADDRESS STREET ADDRESS 3931 TOWHEE LN. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32207 . Change Addition ☐ Delete TITLE TITLE FLETCHER, BERNARD NAME NAME STREET ADDRESS STREET ADDRESS 3983 O'RIELY DR CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE FLETCHER, JOE NAME NAME STREET ADDRESS STREET ADDRESS 3931 TOWHEE LN. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32207 Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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:

5-1-2001 (904)398-7875