## 2002 ŰNIFORM BUSINESS REPORT (UBR)

Suite, Apt. #, etc.

City & State

Zip

## **DOCUMENT # N49126**

1. Entity Name

Suite, Apt. #, etc.

City & State

Zip

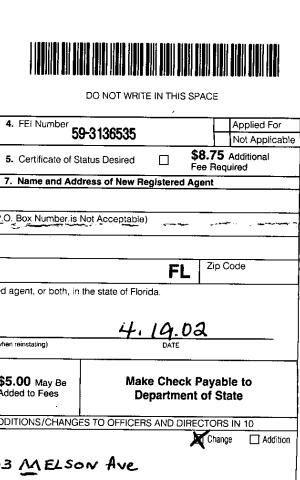
## CHURCH OF JESUS CHRIST PENTECOSTAL ASSEMBLIES OF APOSTOLIC FAITH INC

Principal Place of Business Mailing Address 1399 STATE STREET W 3931 TOWHEE LANE JACKSONVILLE FL 32204 JACKSONVILLE FL 32207-6136 2. Principal Place of Business 3. Mailing Address

Country

## **FILED** May 01, 2002 8:00 am Secretary of State

05-01-2002 91509 001 \*\*\*\*61.25



Zip	<u>\</u>	Country	Zip	Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent				
				Name				<u></u>	
FLETCHER, JOE L. 3931 TOWHEE LN					Street Address (P.O. Box Number is Not Acceptable)				
	VILLE FL 32	207_6136					***		
UNDINOUN	201-0130	. City				— Zin Cod	in .		
						<del>_</del> .		FL Zip Cod	
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 GOOD LOCATION OF PROJECT OF PROJEC									
Signature, typed or printed name of egistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
	: FEE IS \$61.25	paign Financing entribution.		\$5.00 May Be Added to Fees		Check Payable partment of State			
10.		OFFICERS AND DIR	ECTORS	11;		DDITIONS (OLIVINE			
TITLE	T	OTTICE IS AND DIN		•	A	DDITIONS/CHANGE	S TO OFFICERS		
NAME	FLETCHER,	WILLIAM	☐ Delete	TITLE NAME				Change	☐ Addition
STREET ADDRESS	2103 NELS			STREET ADDRESS	210	3 MELSO	N Ava		ľ
CITY-ST-ZIP		ILLE FL 32254		CITY-ST-ZIP	2,10	2 Tripped	.v 1.ve		
TITLE	П		☐ Delete	TITLE				Channe	□ Marg
NAME	FLETCHER,	DOROTHY	□ Delete	NAME				☐ Change	☐ Addition
STREET ADDRESS	3931 TOWH			STREET ADDRESS					ĺ
CITY-ST-ZIP	JACKSONVI	ILLE FL 32207		CITY-ST-ZIP					
TITLE	Т		□ Delete	TITLE				☐ Change	☐ Addition
	FLETCHER,			NAME				∟ change	L Addition
STREET ADDRESS	3983 O'RIEI			STREET ADDRESS		Para Markamana a sa			
CITY-ST-ZIP	JACKSONVI	LLE FL		CITY-ST-ZIP					
TITLE	P	· ·	☐ Delete	TITLE				☐ Change	Addition
	FLETCHER,			NAME				ondrige	
	3931 TOWH			STREET ADDRESS					j
CITY-ST-ZIP	JACKSONVI	LLE FL 32207		CITY-ST-ZIP					j
TITLE			☐ Delete	TITLE		,	''	☐ Change	Addition
NAME				NAME					
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CITY-ST-ZIP				CITY-ST-ZIP		-			
TITLE			☐ Delete	TITLE			*****	☐ Change	☐ Addition
NAME				NAME				-	
STREET ADDRESS				STREET ADDRESS					
CITY-ST-ZIP				CITY-ST-ZIP					
12 Thereby o	ertify that the i	information cumplied with the	ic filing dood not availfy for th		41.00.0				

increase certain 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 eath; 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

SIGNATURE:

4.19.02