

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90192 041 \*\*\*\*61.25

**DOCUMENT # N49126**

1. Entity Name

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



Principal Place of Business

**1399 STATE STREET W  
JACKSONVILLE FL 32204  
US**

Mailing Address

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Joe L Fletcher*

**5-1-03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete  
NAME **FLETCHER, WILLIAM**  
STREET ADDRESS **2103 MELSON AVENUE**  
CITY-ST-ZIP **JACKSONVILLE FL 32254**

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

*Joe L Fletcher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5-1-03 (904) 398-7875**

CR2E037 (10/02)