

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N51074

FILED
Sep 13, 2002
Secretary of State

Entity Name: EVANGELISTIC JEWISH CENTER, INC.

Current Principal Place of Business:

6557 LEONA ST
JACKSONVILLE, FL 32219 US

New Principal Place of Business:

Current Mailing Address:

6557 LEONA ST
JACKSONVILLE, FL 32219 US

New Mailing Address:

FEI Number: 59-3147493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUCIO, ROSEMARY
6542 LEONA ST
JACKSONVILLE, FL 32219 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LUCIO, ROSEMARY
Address: 6542 LEONA ST
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: D () Delete
Name: HENRY, DEBORAH
Address: 8946 6TH STREET
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: DST () Delete
Name: BOYKINS, MICHELE V
Address: 2958 ANTHER CT
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: D () Delete
Name: BARBRE, BETTY J
Address: 621 W 44TH ST BLDG A APT 61
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: D (X) Delete
Name: HENRY, LOUISE
Address: 205 E 44TH STREET
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: DT (X) Delete
Name: SMITH, LORRAINE
Address: 1728 JOHNSON STREET
City-St-Zip: BRUNSWICK, GA 32515 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: SMITH, LORRAINE
Address: 1728 JOHNSON ST
City-St-Zip: BRUNSWICK, GA 32515 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSEMARY LUCIO

PD

09/13/2002

Electronic Signature of Signing Officer or Director

Date