

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000962

1. Entity Name

JERUSALEM CHURCH OF GOD, INC.

**FILED**  
**Jul 19, 2000 8:00 am**  
**Secretary of State**

07-19-2000 90011 001 \*\*\*\*61.25

Principal Place of Business 134 N FLAGLER ST POMPANO FL 33060	Mailing Address 7060 NW 24 ST FORT LAUDERDALE FL 33313
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
<b>NOT APPLICABLE</b>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

ST FORT, JONAS REV  
 7060 NW 24TH ST  
 SUNRISE FL 33313

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW:</b> FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5:00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	ST. FORT, JONAS	
STREET ADDRESS	7060 NW 24TH ST.	
CITY-ST-ZIP	SUNRISE FL 33313	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ST. FORT, AMONCIER	
STREET ADDRESS	330 SW 20 AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	DESIRE, ALOUSE	
STREET ADDRESS	1121 SW 8TH AVE	
CITY-ST-ZIP	DEERFIELD FL 33661	
TITLE	T	<input type="checkbox"/> Delete
NAME	FAUSTIN, JOSEPH	
STREET ADDRESS	951 NE 3 AVE.	
CITY-ST-ZIP	POMPANO FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOSTALY, ALOUSE	
STREET ADDRESS	1121 SW 8th Ave.	
CITY-ST-ZIP	Deerfield Bch, FL 33441	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: St Fort, Jonas **SIGNATURE REQUIRED** 6/30/00 (954) 572-9436  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)