

# 2002 UNIFORM BUSINESS REPORT (UBR)

0009522

DOCUMENT # N92000000962  
 1. Entity Name  
**JERUSALEM CHURCH OF GOD, INC.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 02 DEC 10 AM 8:01

Principal Place of Business Mailing Address  
 134 N FLAGLER ST 7060 NW 24 ST  
 POMPANO FL 33060 FORT LAUDERDALE FL 33313

*JERUSALEM church of God in.*



**REINSTATEMENT** DO NOT WRITE IN THIS SPACE **02**

2. Principal Place of Business 3. Mailing Address  
**134 N FLAGLER ST**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**POMPANO FL 33060**  
 City & State City & State  
**Florida**  
 Zip Country Zip Country  
**33060**

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 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 **Jonas St Fort**  
 Street Address (P.O. Box Number is Not Acceptable) **7060 NW 24 ST.**  
**Sunrise Florida**  
 City **FL** Zip Code **33313**

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 **JONAS ST FORT - REV.** DATE **11/20/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002, min. will be \$236.25.

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to Department of State

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 type="checkbox"/> Delete
NAME	DOSTALY, ALOUSE	
STREET ADDRESS	1121 SW 8TH AVE	
CITY-ST-ZIP	DEERFIELD BEACH FL-33441	
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	800009355208	
CITY-ST-ZIP	12/04/02--01082--010 **241.25	
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		<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: *[Signature]* DATE: **11/20/02 - 12/12/02**

CR2E037 (4/02)