

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90087 034 ****61.25

DOCUMENT # N94000000851

1. Entity Name

CHURCH OF THE LORD JESUS CHRIST INC.

Principal Place of Business

Mailing Address

12267 PONCE DE LEON BLVD
 BROOKSVILLE FL 34601
 US

12267 PONCE DE LEON BLVD
 BROOKSVILLE FL 34601-8644
 US

CU044117



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2231349

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

THOMPSON, JOHN D
12267 PONCE DE LEON BLVD
BROOKSVILLE FL 34601

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

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PDTR	☐ Delete
NAME	THOMPSON, JOHN D	
STREET ADDRESS	12267 PONCE DE LEON BLVD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	TSD	☐ Delete
NAME	THOMPSON, JANET L	
STREET ADDRESS	12267 PONCE DE LEON BLVD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	☒ Delete
NAME	BROOKS, KEVIN	
STREET ADDRESS	6190 TINGO CT	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	
TITLE	TRD	☐ Delete
NAME	RUNYON, MARY D	
STREET ADDRESS	12607 LITTLE PEETE COURT	
CITY-ST-ZIP	HUDSON FL	
TITLE	DTR	☐ Delete
NAME	RUNYON, RICHARD	
STREET ADDRESS	12607 LITTLE PEETE COURT	
CITY-ST-ZIP	HUDSON FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-17-00

Date

352-796-1620

Daytime Phone #

CR2E037 (9/99)