2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

Apr 04, 2001 8:00 am & Secretary of State DOCUMENT # N9400000851 04-04-2001 90132 050 ****61.25 CHURCH OF THE LORD JESUS CHRIST INC. Principal Place of Business Mailing Address 12267 PONCE DE LEON BLVD 12267 PONCE DE LEON BLVD **BROOKSVILLE FL 34601 BROOKSVILLE FL 34601** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2231349 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) THOMPSON, JOHN D 12267 PONCE DE LEON BLVD BROOKSVILLE FL 34601 Zip Code City 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: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PDTR ☐ Addition TITLE TITLE Change Delete THOMPSON, JOHN D NAME NAME STREET ADDRESS 12267 PONCE DE LEON BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BROOKSVILLE FL TSD ☐ Change ☐ Addition TITLE ☐ Delete TITLE THOMPSON, JANET L NAME NAME 12267 PONCE DE LEON BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BROOKSVILLE FL TRD TITLE TITLE ☐ Change _ Addition . Delete RUNYON, MARY D NAME NAME STREET ADDRESS 12607 LITTLE PEETE COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HUDSON FL** DTR TITLE Delete TITLE DTR ☐ Change ★ Addition RUNYON, RICHARD NAME ELLIOTT, BETTY STREET ADDRESS 12607 LITTLE PEETE COURT STREET ADDRESS 19341 Wildwood Drive CITY-ST-ZIP HUDSON FL CITY-ST-ZIP Brooksville, FL 34601 TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS 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 trystee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if