

# 2002 UNIFORM BUSINESS REPORT (UBR)

10-02-2002 901181028 \*\*\*\*\*61.00  
N94000002506

02 OCT -7 PM 2:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002506

1. Entity Name

ST. JAMES CHURCH OF GOD IN UNITY, INC.

Principal Place of Business

Mailing Address

2171 DIXIE AVENUE  
SANFORD FL 32771

2171 DIXIE AVENUE  
SANFORD FL 32771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

LINGARD, JASPER L BISHOP  
2171 DIXIE AVENUE  
SANFORD FL 32771

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Bishop Jasper Lingard*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9-30-2002  
DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINGARD, JASPER 2171 DIXIE AVENUE SANFORD FL 32771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LINGARD, ELNORA 2171 DIXIE AVENUE SANFORD FL 32771	<input type="checkbox"/> Delete TD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEY, CAROL 2171 DIXIE AVENUE SANFORD FL 32771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD PINNOCK, GLENNE F 3134 BYINGTON TERR. DELTONA FL 32738	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINGARD JASPER 2171 DIXIE AVE SANFORD FLA 32771	<input type="checkbox"/> Change <input type="checkbox"/> Addition Bishop none
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Elnora Lingard 2171 DIXIE AVE SANFORD FLA 32771	<input type="checkbox"/> Change <input type="checkbox"/> Addition none
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KEY CAROL 2171 DIXIE SANFORD FLA 32771	<input type="checkbox"/> Change <input type="checkbox"/> Addition none
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD PINNOCK GLENNE F 3134 BYINGTON TERR DELTONA FLA 32738	<input type="checkbox"/> Change <input type="checkbox"/> Addition none
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 B17, 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:

*Bishop Jasper Lingard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-30-2002

Daytime Phone #

CR2E037 (4/02)