


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90165 044 ****61.25

DOCUMENT # N94000004443

1. Entity Name
**JESUS OF NAZARETH HOLY TABERNACLE PENTECOSTAL CH
URCH, INC.**



Principal Place of Business Mailing Address
**2601 N. HAYNES ST.
PENSACOLA FL 32501** **2601 N. HAYNES ST.
PENSACOLA FL 32501**

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 **59-3262096** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HODGES, HAROLD OVER
8541 MACK STREET
PENSACOLA FL 32514

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

SIGNATURE _____ DATE _____

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

FILE NOW: FEE IS \$61.25

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	GIDEON, JESSIE BISHOP
STREET ADDRESS	3807 KELLY AVE
CITY-ST-ZIP	PENSACOLA FL 32505
TITLE	<input type="checkbox"/> Delete
NAME	HODGES, HAROLD OVERSEE
STREET ADDRESS	8541 MACK ST
CITY-ST-ZIP	PENSACOLA FL 32514
TITLE	<input type="checkbox"/> Delete
NAME	HODGES, BARBARA EVANG
STREET ADDRESS	8541 MACK ST
CITY-ST-ZIP	PENSACOLA FL 32514
TITLE	<input type="checkbox"/> Delete
NAME	DAVIS, LILLIE EVANG
STREET ADDRESS	3400 N 14TH AVE
CITY-ST-ZIP	PENSACOLA FL 32503
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	<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 REQUIRED

3-25-03 (850) 474-0826

CR2E037 (10/02)