

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2000 8:00 am
Secretary of State

09-12-2000 90145 042 ****61.25

DOCUMENT # N94000005888

1. Entity Name

JAMESTOWN CHURCH OF CHRIST, INC.

2

Principal Place of Business

1715 28 AVE SOUTH
 ST PETERSBURG FL 33712

Mailing Address

1715 28 AVE SOUTH
 ST PETERSBURG FL 33712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3196144

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

BOOKER, WONDERFUL C
 1715 28 AVE SOUTH
 ST PETERSBURG FL 33712

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

Wonderful C Booker

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

After September 13, 2000 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	D	<input type="checkbox"/> Delete
NAME	BOOKER, WONDERFUL C	
STREET ADDRESS	1715 28 AVE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BOOKER, WALTER C	
STREET ADDRESS	1715 28 AVE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33712	
TITLE	TD	<input type="checkbox"/> Delete
NAME	RUTLEDGE, GLENN	
STREET ADDRESS	2708 12 AVE SOUTH	
CITY-ST-ZIP	ST PETERSBURG FL 33711	
TITLE	T	<input type="checkbox"/> Delete
NAME	LILLY, JOHN O	
STREET ADDRESS	1424423 AVE SO	
CITY-ST-ZIP	ST PETE FL 33711	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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:

Wonderful C Booker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/6/2000

Daytime Phone #

CR2E037 (5/00)