

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2001 8:00 am
Secretary of State

05-29-2001 90008 045 ****61.25

DOCUMENT # N94000005888

1. Entity Name

JAMESTOWN CHURCH OF CHRIST, INC.

Principal Place of Business

**1715 28 AVE SOUTH
 ST PETERSBURG FL 33712**

Mailing Address

**1715 28 AVE SOUTH
 ST PETERSBURG FL 33712**

660706



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3196144

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

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.

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

TITLE ☐ Delete
 NAME **D BOOKER, WONDERFUL C**
 STREET ADDRESS **1715 28 AVE SOUTH**
 CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE ☐ Delete
 NAME **SD BOOKER, WALTER C**
 STREET ADDRESS **1715 28 AVE SOUTH**
 CITY-ST-ZIP **ST PETERSBURG FL 33712**

TITLE ☐ Delete
 NAME **TD RUTLEDGE, GLENN**
 STREET ADDRESS **2708 12 AVE SOUTH**
 CITY-ST-ZIP **ST PETERSBURG FL 33711**

TITLE ☐ Delete
 NAME **T LILLY, JOHN O**
 STREET ADDRESS **1424423 AVE SO**
 CITY-ST-ZIP **ST PETE FL 33711**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5/23/2001** Daytime Phone #

CR25037 (10/00)