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

DOCUMENT # N9400005888

FILED Feb 27, 2003 8:00 am Secretary of State

JAMES'	TOWN CHURCH OF CHRIST,	INC.			02-27-2003 90156 017 ****	61.25	
Principal Place of Business 1715 28 AVE SOUTH ST PETERSBURG FL 33712		Mailing Address 1715-28-AVE-SOUTH ST PETERSBURG FL 337	12		, .		
2. Principa	al Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		 -	CHECK HERE IF MAKING CHANG	ar (415) (51) (55)	
City & State		City & State			4. FEI Number 59-3196144 Applied For		
Zip	Country	Zip	Country	5. Certificate of Si		Not Applicable Additional	
	6. Name and Address of Current	t Registered Agent			Fee Req	uired	
			Name	7. Name and Add	ress of New Registered Agent		
1715 28	r, wonderful c 3 ave south Ersburg fl 33712		Street Add	Street Address (P.O. Box Number is Not Acceptable)			
			City		FL Zip C	indo	
8. The above the obligation of the state of	re named entity submits this statement for ations of registered agent. Signature, typed or printed name of registered agent	C. Books	registered office or re		the State of Fiorida. I am familiar wi	th, and accept	
10.	FILE NOW: FEE IS \$61.25	Trust Fund C	npaign Financing Contribution.	\$5.00 May Be Added to Fees	Make Check Payabl Florida Department of	e to State	
TITLE ,	OFFICERS AND DIF		11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS	IN 10	
NAME STREET ADDRESS CITY-ST-ZIP	BOOKER, WONDERFUL C 1715 28 AVE SOUTH ST PETERSBURG FL 33712	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PETERSBURG FL 33712	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change		
NAME STREET ADDRESS CITY-ST-ZIP	TD RUTLEDGE, GLENN 2708 12 AVE SOUTH ST PETERSBURG FL 33711	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby ce	ertify that the information supplied with th	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Work

2/20/03