

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90201 039 ****61.25

DOCUMENT # N94000005900

1. Entity Name

ARMOUR OF GOD CHRISTIAN CENTER CHURCH, INC.

Principal Place of Business

**2820 GIBSON ROAD
 JACKSONVILLE FL 32207**

Mailing Address

**P.O. BOX 47094
 JACKSONVILLE FL 32207**

B0132582



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**4295 Sunbeam Rd
 Suite, Apt. #, etc.
 #1801**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

City & State

Zip

32257

Country

USA

Zip

Country

4. FEI Number

59-3210108

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ACREE, WAYNE PASTOR
 2820 GIBSON ROAD
 JACKSONVILLE FL 32207**

7. Name and Address of New Registered Agent

Name

Arthur V. Briggs - Pastor

Street Address (P.O. Box Number is Not Acceptable)

4295 Sunbeam Road #1801

City

Jacksonville

FL

Zip Code

32257

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 **Arthur V. Briggs**

Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/24/02
 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

TITLE **D** ☒ Delete
 NAME **ACREE, WAYNE**
 STREET ADDRESS **2820 GIBSON ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ Delete
 NAME **ROBINSON, VONN**
 STREET ADDRESS **2820 GIBSON ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ Delete
 NAME **PLESS, BERT**
 STREET ADDRESS **2820 GIBSON ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE **D** ☐ Delete
 NAME **MCCLENDON, BRENDA**
 STREET ADDRESS **2820 GIBSON ROAD**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

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 **Arthur V. Briggs**
 STREET ADDRESS **4295 Sunbeam Road #1801**
 CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE ☐ Change ☐ Addition
 NAME **Vonn Robinson**
 STREET ADDRESS **4295 Sunbeam Road #1801**
 CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE ☐ Change ☐ Addition
 NAME **Bert Pless**
 STREET ADDRESS **4295 Sunbeam Road #1801**
 CITY-ST-ZIP **Jacksonville, FL 32257**

TITLE ☐ Change ☐ Addition
 NAME **Brenda McClendon**
 STREET ADDRESS **4295 Sunbeam Road #1801**
 CITY-ST-ZIP **Jacksonville, FL 32257**

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

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

CR2E037 (4/02)

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: **Arthur V. Briggs** **7/24/02** **904 398 7170**