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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 NOV 15 PM 4:41

DOCUMENT # N94000005900

1. Entity Name
Armour Of God Christian Center Church, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3200 Hartley Rd
Suite, Apt. #, etc.
Suite 164
City & State
Jacksonville FL
Zip 32257 Country USA

3. Mailing Address
PO Box 47094
Suite, Apt. #, etc.
City & State
Jacksonville FL
Zip 32247 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3210108 | Applied For | Not Applicable

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

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7. **Name and Address of Current Registered Agent**
Name Arthur Van Briggs
Street Address (P.O. Box Number is Not Acceptable) 3200 Hartley Road
Suite 164
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.

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

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

10. OFFICERS AND DIRECTORS

TITLE	P/T President/Treasurer
NAME	Arthur Van Briggs
STREET ADDRESS	3200 Hartley Road St.164
CITY-ST-ZIP	Jax FL 32257
TITLE	S Secretary
NAME	Kim Briggs
STREET ADDRESS	3200 Hartley Road St. 164
CITY-ST-ZIP	Jax FL 32257
TITLE	VP Vice President
NAME	Bert Pless
STREET ADDRESS	3200 Hartley Road St. 164
CITY-ST-ZIP	Jax FL 32257
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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

SIGNATURE: Arthur Van Briggs 10-27-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/22 aw