

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

FILED
Jul 28, 2003 8:00 am
Secretary of State

07-28-2003 90151 041 ****70.00

0001025

DOCUMENT # N95000003125

1. Entity Name

REHOBOTH APOSTOLIC ASSEMBLIES OF JESUS CHRIST, I
NC.



Principal Place of Business

1281 W 22ND ST
JACKSONVILLE FL 32209
US

Mailing Address

P.O. BOX 40923
JACKSONVILLE FL 32203-0923
US

2. Principal Place of Business

1035 E. 13TH ST.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville, FL

City & State

Zip

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☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3323670

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POLITE, ALPHONSO
1444 W 21ST STREET
JACKSONVILLE FL 32209

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Alphonso Polite

7-14-03

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 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

☒ **Make Check Payable to**
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME POLITE, ALPHONSO
STREET ADDRESS 1444 W 21ST STREET
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☐ Delete
NAME POLITE, VANESSA D
STREET ADDRESS 1444 W 21ST STREET
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE ☐ Delete
NAME GREEN, JOHN E
STREET ADDRESS 1836 FOREST HILL RD
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE ☐ Delete
NAME CULP, ROBERT
STREET ADDRESS 10404 DEPAUL DR
CITY-ST-ZIP JACKSONVILLE FL

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
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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:

Alphonso Polite

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-14-03 904-854-1527
904-463-6869

CR2E037 (4/03)