2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State
05-31-2000 90052 048 ****70.00

DOCUMENT # N96000002538

1. Entity Name

THE ONE ACCORD GOSPEL TEMPLE, INC.

Principal Place of Business	Mailing Address
5406 Avenue B Jacksonville, Fl. 32209	5406 Avenue B Jacksonville, Fl. 32209

2. Principal Place of Business	3. Mailing Address
2971 Waller Street Suite, Apt. #, etc.	2971 Waller Street Suite, Apt. #, etc.
City & State: Jacksonville, Fl.	City & State: Jacksonville, Fl.
Zip: 32254 Country: US	Zip: 32254 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3256050 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Goodman, Jan D. Sr 5409 Avenue B Jacksonville, Fl. 32209	Name: Goodman, Jan D. Sr. Street Address (P.O. Box Number is Not Acceptable): 2971 Waller Street City: Jacksonville, FL Zip Code: 32254

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Goodman, Jan D. Sr. 2971 Waller Street Jacksonville, Fl 32254	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Howard, Ailene 5816 Lusaid Dr., Jax, Fl.32209	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Vincent Arnold 6708 Rhode Island Dr. Jacksonville, Fl. 32209 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Prince, Harriette 5248 Washington Estates Dr, Jacksonville, Fl. 32209	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Perry, Janet 1333 Dunn Ave Apt. 1007 Jacksonville, Fl. 32218 XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Perry, Janet 1333 Dunn Ave. Apt. 1007 Jacksonville, Fl 32218	XX Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD McGhee, Diane 2746 Stardust Ct. Apt. 44 Jacksonville, Fl. 32207 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Williams, George L. 1851 West 23rd Street Jacksonville, Fl. 32209	XX 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

CR2E037 (9/99)

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: Jan D Goodman Sr 4/29/00 (904) 751-1030 or 389-7373