# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jun 07, 2001 8:00 am**
**Secretary of State**
06-07-2001 90002 026 ****70.00

DOCUMENT # N96000002538

1. Entity Name

THE ONE ACCORD GOSPEL TEMPLE, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 2971 WALLER ST<br>JACKSONVILLE FL 32254<br>US | 2971 WALLER ST<br>JACKSONVILLE FL 32254<br>US |

000220

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

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

5. Certificate of Status Desired ☒ **$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<br>2971 WALLER ST<br>JACKSONVILLE FL 32254 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating)

**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<br>GOODMAN, JAN D SR<br>~~5604 AVENUE B~~<br>~~JACKSONVILLE FL 32209~~ | ☐ Delete | PD<br>Goodman, Jan D. Sr.<br>2971 Waller Street<br>Jacksonville, Florida 32254 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>ARNOLD, VINCENT<br>6708 RHODE ISLAND DR.<br>JACKSONVILLE FL 32209 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>PERRY, JANET<br>1333 DUNN AVE APT 1007<br>JACKSONVILLE FL 32218 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>MCGHEE, DIANE<br>2746 STARDUST CT. APT 44<br>JACKSONVILLE FL 32207 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>WILLIAMS, GEORGE L<br>1851 W 23RD STREET<br>JACKSONVILLE FL | ☒ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

CR2E037 (10/00)

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 Director/Treasurer 5/1/01 (904) 389-7373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #