

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

**FILED**  
**Aug 19, 2003 8:00 am**  
**Secretary of State**

0068408

**DOCUMENT # N96000002538**

1. Entity Name

**THE ONE ACCORD GOSPEL TEMPLE, INC.**



08-19-2003 90020 017 \*\*\*\*70.00

Principal Place of Business

**2971 WALLER ST  
JACKSONVILLE FL 32254  
US**

Mailing Address

**2971 WALLER ST  
JACKSONVILLE FL 32254  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3256050**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GOODMAN, JAN D SR  
2971 WALLER ST  
JACKSONVILLE FL 32254**

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

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
NAME **GOODMAN, JAN D SR**  
STREET ADDRESS **2971 WALLER STREET**  
CITY-ST-ZIP **JACKSONVILLE FL 32254**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VD**  Delete  
NAME **ARNOLD, VINCENT**  
STREET ADDRESS **6708 RHODE ISLAND DR.**  
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD**  Delete  
NAME **PERRY, JANET**  
STREET ADDRESS **1333 DUNN AVE APT 1007**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **Treasurer, Director**  Change  Addition  
NAME **Rose Griffin**  
STREET ADDRESS **6502 Thurgood Circle**  
CITY-ST-ZIP **Jacksonville, Fl. 32219**

TITLE **SD**  Delete  
NAME **MCGHEE, DIANE**  
STREET ADDRESS **2746 STARDUST CT. APT 44**  
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
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:

**SIGNATURE REQUIRED**

CR2E037 (10/02)