

**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

7. Name and Address of New Registered Agent

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

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)