

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90131 020 ****61.25

DOCUMENT # N96000006080

1. Entity Name

JESUS PEOPLE LIFE CHANGING MINISTRIES CHURCH, IN

Principal Place of Business

Mailing Address

125 NW 23RD AVENUE
 GAINESVILLE FL 32609
 US

815 NW 23RD AVENUE
 GAINESVILLE FL 32609-1905
 US

2. Principal Place of Business

3. Mailing Address

800 NW 39th AVE
 Suite, Apt. #, etc.

800 NW 39th AVE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

City & State

Gainesville Fla

Gainesville Fla

4. FEI Number

59-3415126

Applied For

Not Applicable

Zip

Country

Zip

Country

32609

Alachua

32609

Alachua

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

MINGO, HORACE L
 3920 NW 95TH BLVD.
 GAINESVILLE FL 32609

Name Mingo Horace L

Street Address (P.O. Box Number is Not Acceptable)

800 NW 39th AVE

City Gainesville

FL

Zip Code 32609

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

Horace Mingo

Horace L. Mingo

4/28/00

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 PD Delete
 NAME MINGO, HORACE L
 STREET ADDRESS 4421 NW 18TH PLACE
 CITY-ST-ZIP GAINESVILLE FL 32605

TITLE DTS Elliene Chisholm Change Addition
 NAME
 STREET ADDRESS 3207 SE 29th BLVD
 CITY-ST-ZIP Gainesville FL 32641

TITLE VD Delete
 NAME MINGO, LURETHA M
 STREET ADDRESS 4221 NW 18TH PLACE
 CITY-ST-ZIP GAINESVILLE FL 32605

TITLE DTS Donnie Hampton Change Addition
 NAME
 STREET ADDRESS 1016 NW 86th TERR
 CITY-ST-ZIP Gainesville FL 32606

TITLE TD Delete
 NAME WILLIAMS, ISAIAH S JR.
 STREET ADDRESS 16206 NW 83RD COURT
 CITY-ST-ZIP MIAMI FL 33016

TITLE DTS Sharon Holmes Change Addition
 NAME
 STREET ADDRESS 518 NW 98th ST
 CITY-ST-ZIP Gainesville FL 32607

TITLE DT Delete
 NAME HUTCHINSON, LENNIS B
 STREET ADDRESS 6726 NORTHEAST 27TH AVE.
 CITY-ST-ZIP GAINESVILLE FL 32609

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DT Delete
 NAME SANDERS, JENNIFER E
 STREET ADDRESS 9703 S.W. 83RD WAY
 CITY-ST-ZIP GAINESVILLE FL 32608

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DTS Delete
 NAME HERBERT, TONJI L
 STREET ADDRESS 7301 WEST UNIVERSITY AVE., #121
 CITY-ST-ZIP GAINESVILLE FL 32607

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

Luretha Mingo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00
 Date

352-
 375-9918
 Daytime Phone #

CR2E037 (9/99)