

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

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90314 029 ****70.00

0044190

DOCUMENT # N96000006081

1. Entity Name

JESUS PEOPLE FAMILY WORSHIP CENTER CHURCH, INC.



Principal Place of Business

**4802 GUNN HWY
STE 126
TAMPA FL 33624
US**

Mailing Address

**4802 GUNN HWY
STE 126
TAMPA FL 33624
US**

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 **65-0713778**

Applied For

Not Applicable

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

**MITCHELL, ANDRE V
10423 OAKBROOK DRIVE
TAMPA FL 33624**

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 _____ (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	<input type="checkbox"/> Delete
NAME	MITCHELL, ANDRE' V	
STREET ADDRESS	10423 OAKBROOK DRIVE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, ISAIAH S JR.	
STREET ADDRESS	16206 NW 83RD COURT	
CITY-ST-ZIP	MIAMI FL 33016	
TITLE	T	<input type="checkbox"/> Delete
NAME	GORDON, FEDERICO	
STREET ADDRESS	530 TUSCANNY PARK LOOP	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HOPKINS, GLORIA J	
STREET ADDRESS	2222 EAST HANNA AVE	
CITY-ST-ZIP	TAMPA FL 33610	
TITLE	T	<input type="checkbox"/> Delete
NAME	TORRANCE, ARTHUR	
STREET ADDRESS	10503 OUT ISLAND DR.	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, KAREN	
STREET ADDRESS	10802 West Hillsborough Ave., #304	
CITY-ST-ZIP	Tampa, FL 33615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Andres P. Utrilla* **REQUIRED**

4.14.03

813.264.4656

CR2E037 (10/02)