

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 27, 2003 8:00 am**  
**Secretary of State**

06-16-2003 90145 016 \*\*\*\*69.00

**DOCUMENT # N97000001538**

1. Entity Name

**JESUS HOUSE OF PRAYER FOR ALL PEOPLE, INC.**

Principal Place of Business

1342 OAKHURST AVE  
 JACKSONVILLE FL 32208

Mailing Address

PO BOX 43112  
 JACKSONVILLE FL 32203

**55050044**

2. Principal Place of Business

**1342 OAKHURST AVE**

3. Mailing Address

**PO BOX 43112**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**JACKSONVILLE, FLORIDA**

City & State

**JACKSONVILLE FLORIDA**

4. FEI Number

**59-3510838**

Applied For

Not Applicable

Zip

**32208**

Country

**USA**

Zip

**32203**

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**JONES, FRANCES  
 1921 RUGBY RD  
 JACKSONVILLE FL 32203**

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

**After September 13, 2002,  
 min. will be \$236.25.**

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

TITLE **PD** ☐ Delete  
 NAME **JONES, FRANCES F**  
 STREET ADDRESS **1921 RUGBY RD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **D** ☐ Delete  
 NAME **CAMPBELL, VALERIE**  
 STREET ADDRESS **1921 RUGBY RD**  
 CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☐ Delete  
 NAME **JONES, C**  
 STREET ADDRESS **8119 WHITE PLAINS RD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32203**

TITLE **D** ☐ Delete  
 NAME **JONES, MICHAEL**  
 STREET ADDRESS **1921 RUGBY RD**  
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 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**

*Frances Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/02)