

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2001 8:00 am**  
**Secretary of State**

03-15-2001 90005 037 \*\*\*\*61.25

**DOCUMENT # N97000003635**

**1. Entity Name**  
**UNITED NEW JERUSALEM CHURCH OF JESUS CHRIST, INC**

**Principal Place of Business**      **Mailing Address**  
**UNITED NEW JERUSALEM CHURCH OF JC INC**      **P.O. BOX 304**  
**2007 DESOTA AVE**      **SNEADS FL 32460**  
**SNEADS FL 32460**  
**US**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**City & State**      **City & State**

**4. FEI Number**      **NOT APPLICABLE**       **Applied For**  
 **Not Applicable**

**Zip**      **Country**      **Zip**      **Country**

**5. Certificate of Status Desired**            **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**RAINES, WILLIS L SR**  
**2007 DESOTA AVE.**  
**SNEADS FL 32460**

**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.**

**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**            **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|                       |   |
|-----------------------|---|
| <b>TITLE</b>          | <b>PD</b> <input type="checkbox"/> Delete |
| <b>NAME</b>           | <b>RAINES, WILLIS L SR.</b>               |
| <b>STREET ADDRESS</b> | <b>P. O. BOX 304 N/A</b>                  |
| <b>CITY-ST-ZIP</b>    | <b>SNEADS FL 32460</b>                    |
| <b>TITLE</b>          | <b>VD</b> <input type="checkbox"/> Delete |
| <b>NAME</b>           | <b>CARROLL, JOCQUETTE</b>                 |
| <b>STREET ADDRESS</b> | <b>3383 TENDELL RD.</b>                   |
| <b>CITY-ST-ZIP</b>    | <b>COTTONDALE FL 32431</b>                |
| <b>TITLE</b>          | <b>SD</b> <input type="checkbox"/> Delete |
| <b>NAME</b>           | <b>CARROLL, SHIRLEY</b>                   |
| <b>STREET ADDRESS</b> | <b>3383 TENDELL RD.</b>                   |
| <b>CITY-ST-ZIP</b>    | <b>COTTONDALE FL 32431</b>                |
| <b>TITLE</b>          | <b>TD</b> <input type="checkbox"/> Delete |
| <b>NAME</b>           | <b>LEWIS, KAREN D</b>                     |
| <b>STREET ADDRESS</b> | <b>P. O. BOX 74 N/A</b>                   |
| <b>CITY-ST-ZIP</b>    | <b>SNEADS FL 32460</b>                    |
| <b>TITLE</b>          | <input type="checkbox"/> Delete           |
| <b>NAME</b>           |   |
| <b>STREET ADDRESS</b> |   |
| <b>CITY-ST-ZIP</b>    |   |
| <b>TITLE</b>          | <input type="checkbox"/> Delete           |
| <b>NAME</b>           |   |
| <b>STREET ADDRESS</b> |   |
| <b>CITY-ST-ZIP</b>    |   |

|                       |   |
|-----------------------|---|
| <b>TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |   |
| <b>STREET ADDRESS</b> |   |
| <b>CITY-ST-ZIP</b>    |   |
| <b>TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |   |
| <b>STREET ADDRESS</b> |   |
| <b>CITY-ST-ZIP</b>    |   |
| <b>TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |   |
| <b>STREET ADDRESS</b> |   |
| <b>CITY-ST-ZIP</b>    |   |
| <b>TITLE</b>          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>NAME</b>           |   |
| <b>STREET ADDRESS</b> |   |
| <b>CITY-ST-ZIP</b>    |   |

**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:** Willis L. Raines, Sr.      **Signature and typed or printed name of signing officer or director**      2-8-2001      **Date**      (850) 593-6344      **Daytime Phone #**

CR2E037 (10/00)