

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

03-24-2002 90075 026 ****61.25
 07-28-2002 90177 020 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000004149

1. Entity Name ✓

OLIVE STREET CHURCH OF CHRIST INCORPORATED

Principal Place of Business	Mailing Address
903 OLIVE STREET PALATKA FL 32177	519 KIRBY STREET PALATKA FL 32177

2. Principal Place of Business 903 Olive St	3. Mailing Address 519 Kirby St
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Palatka, FL	City & State Palatka, FL
Zip 32177	Country FL

4. FEI Number 59137 APPLIED FOR 6105	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

JONES, RONNIE SR.
 519 KIRBY STREET
 PALATKA FL 32177

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 Ronnie Jones Sr. DATE 7-24-02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002, min. will be \$236.25.	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> Delete
NAME	JONES, RONNIE SR.	
STREET ADDRESS	519 KIRBY STREET	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JONES, LILLIE MAE	
STREET ADDRESS	519 KIRBY STREET	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE	DTP	<input type="checkbox"/> Delete
NAME	HICKMAN, W.C.	
STREET ADDRESS	129 VELVET STREET	
CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	TRT	<input type="checkbox"/> Delete
NAME	HICKMAN, VIRGINIA	
STREET ADDRESS	128 VELVET STREET	
CITY-ST-ZIP	INTERLACHEN FL 32148	
TITLE	T	<input type="checkbox"/> Delete
NAME	JONES, RONNIE JR.	
STREET ADDRESS	519 KIRBY STREET	
CITY-ST-ZIP	PALATKA FL 32177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		
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: Ronnie T. Jones Sr. 7-24-02 386-312-0695

CR2E037 (4/02)