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Apr 27, 1999 8:00 am
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04-27-1999 90003 016 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000003314

1. Corporation Name

UNITED CHURCH OF THE LORD JESUS CHRIST, INC.

Principal Place of Business

5523 CLEVELAND RD
JACKSONVILLE FL 32209

Mailing Address

P O BOX 3675
JACKSONVILLE FL 32206-0675



2. Principal Place of Business

21 **820 Crestwood Street**

22 **Jacksonville, FL**

23 **32208 Duval**

24 **Zip** 25 **Country**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

06/09/1998

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BROWN, WILBERT A
6234 LEONA ST
JACKSONVILLE FL 32219

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **Pastor**
STREET ADDRESS **Wilbert a Brown**
CITY-STATE-ZIP **2503 Blueberry Lane**
Jacksonville, FL 32201

TITLE ☐ DELETE
NAME **Treasure**
STREET ADDRESS **Dorothy Woodard**
CITY-STATE-ZIP **8842 Yeoman Dr**
Jacksonville FL 32208

TITLE ☐ DELETE
NAME **sec.**
STREET ADDRESS **Sis Sandra Platt**
CITY-STATE-ZIP **2818 Yellow Pine Dr**
Jax. FL 32279

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **Decon Johnnie Woodard**
CITY-STATE-ZIP **8842 Yeoman Drive**
Jacksonville FL 32208

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **Evan. Eugene Platt**
CITY-STATE-ZIP **2818 Yeoman Drive**
Jacksonville FL 32208

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Wilbert A. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-99 904-744-9795

CR2E037 (11/98)