

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003314

1. Entity Name

UNITED CHURCH OF THE LORD JESUS CHRIST, INC.

Principal Place of Business

820 CRESTWOOD ST
JACKSONVILLE FL 32208

Mailing Address

P O BOX 3675
JACKSONVILLE FL 32206-0675

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

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, WILBERT A
2503 BLUEBERRY LN
JACKSONVILLE FL 32211

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
After September 12, 2001, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	BROWN, WILBERT A	2503 BLUEBERRY LN	JACKSONVILLE FL 32211				
T	WOODARD, DOROTHY	8842 YEOMAN DR	JACKSONVILLE FL 32208	T	HELEN, TELFAIR C.	4421 LINN ST.	JACKSONVILLE, FL. 32206
T	WOODARD, JOHNNIE DECON	8842 YEOMAN DR	JACKSONVILLE FL 32208				
S	PLATT, SANDRA SIS	2818 YELLOW PINE DR	JACKSONVILLE FL 32279	S	WHITFIELD, GEORGIA	433 MAKO DR.	ATLANTIC BEACH, FL. 32233
T	PLATT, EUGENE EVAN	2818 YELLOW PINE DR	JACKSONVILLE FL 32279				

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: WILBERT A. BROWN DEON WILBERT A. BROWN 9/12/2001

FILED
Sep 17, 2001 8:00 am
Secretary of State

09-17-2001 90012 005 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)