


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # N98000007235</b>				<b>FILED</b> <b>03 MAR 17 PM 12:55</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
1. Entity Name <b>ST. JOHN CHURCH OF GOD IN CHRIST MINISTRIES, INC.</b>					
<b>DO NOT WRITE IN THIS SPACE</b>					
2. Principal Place of Business <b>750 BERNARD STREET</b> Suite, Apt. #, etc.		3. Mailing Address <b>737 THOMAS LANE</b> Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State <b>COCOA, FLORIDA</b>		City & State <b>COCOA, FLORIDA</b>		4. FEI Number <b>593627885</b>	
Zip <b>32922</b>		Country <b>BREVARD</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>DO NOT WRITE IN THIS SPACE</b>				7. Name and Address of Current Registered Agent	
				Name: <b>Samuel J. Davis, Sr.</b>	
				Street Address (P.O. Box Number is Not Acceptable) <b>719 IXORA AVE.</b>	
				City: <b>Cocoa</b> FL <b>32922</b>	
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 <b>Samuel J. Davis, Sr.</b>		<b>SAMUEL J. DAVIS, SR.</b>		<b>03-07-03</b>	
FEE IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DAVIS SR., SAMUEL J.</b> <b>719 IXORA AVENUE</b> <b>COCOA, FL 32922</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>GAMBLE, DAVID</b> <b>3832 DENTON CIRCLE</b> <b>COCOA, FL 32926</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>700014237747</b> <b>03/17/03--01004--021 **70.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ALLEN, GEORGE T.</b> <b>481 BUTLER LANE</b> <b>COCOA, FL 32926</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JONES, REGINALD</b> <b>710 IXORA AVENUE</b> <b>COCOA, FL 32922</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>IN THIS SPACE</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ALLEN, MARION</b> <b>481 BUTLER LANE</b> <b>COCOA, FL 32922</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 on an attachment with an address, with another like empowered.					
SIGNATURE: <b>David L. Gamble, Chairman</b>		<b>03-07-03</b>		<b>321-636-3556</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
CHAIRMAN					

CR2E0378 (12/02)