

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

DOCUMENT # N98000007235

1. Entity Name

St. John Church of God in Christ
Ministries, Inc.



FILED

03 DEC -9 AM 8:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

735 Thomas Lane

Suite, Apt. #, etc.

3. Mailing Address

1135 Groves Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Cocoa, Fl. 32922

City & State

Rockledge, Fl. 32955

Zip

32922

Country

Zip

32955

Country

4. FEI Number

Applied For

Not Applied

5. Certificate of Status Desired

XX

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Paul Horsey

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

1135 Groves Drive

City

Rockledge

FL

Zip Code

32955

**DO NOT WRITE
IN THIS SPACE**

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

Paul Horsey

Paul Horsey

12-5-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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	C Paul Horsey 1135 Groves Drive Rockledge, Fl. 32955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700025351137 12/09/03--01057--007 **70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Adam Dunn 4615 Nicole Avenue Cocoa, Fl. 32927	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T John L. Wynn 817 Howard Street Rockledge, Fl. 32955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT Amos Glenn 2527 Stratford Drive Cocoa, Fl. 32926	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Carolyn Jones 1115 Santa Rosa Drive Rockledge, Fl. 32955	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mamie D. Horsey 1135 Groves Drive Rockledge, Fl. 32955	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 all other like empowered.

John L. Wynn

12-5-03

(321) 636-3942