2000 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2000 8:00 am Secretary of State DOCUMENT # **N99000000989** 1. Entity Name GRACE JUBILE CHRISTIAN FELLOWSHIP, INC. 04-19-2000 90022 047 ****61.25 Principal Place of Business Mailing Address 5939 118TH ST 5938 118TH ST JACKSONVILLE FL 32244-3806 JACKSONVILLE FL 32244 941554 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CUSIC, DANIEL T JR 4263 TRADEWINDS DR JACKSONVILLE FL 32250 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **Department of State FEE IS \$61.25** Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition Delete TITI F TITLE CUSIC, DANIEL T JR NAME NAME STREET ADDRESS STREET ADDRESS 4263 TRADEWINDS DR CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32250 ☐ Change ☐ Addition TITLE □ Delete TITLE NAME O'STEEN, STEPHAN NAME STREET ADDRESS STREET ADDRESS 5938 118TH ST CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32244 TITLE Delete TITLE Change ☐ Addition NAME Preston, Gary NAME STREET ADDRESS 5938, 118TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32244 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KNIGHT, TOM NAME STREET ADDRESS STREET ADDRESS 5938 118TH ST CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32244 ☐ Change ☐ Delete TITLE ☐ Addition TITLE JONES, TERRY NAME NAME STREET ADDRESS STREET ADDRESS 5938 118TH ST CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32244 ☐ Addition ☐ Change TITLE ☐ Delete TITLE HARRELL, DEWEY NAME NAME STREET ADDRESS STREET ADDRESS 5938 118TH ST CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32244 12. I hereby certify that the information supplied with this filling 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.

FILED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date