

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002277

1. Entity Name

JUBILEE CHARISMATIC CHRISTIAN CENTER, INC.

Principal Place of Business

2030 N. DIXIE HIGHWAY  
WEST PALM BEACH FL 33407

Mailing Address

2030 N. DIXIE HIGHWAY  
WEST PALM BEACH FL 33407

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

65 0927230

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

Name

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

City

FL

Zip Code

WALTERS, ISOLYN  
2030 N. DIXIE HWY  
WEST PALM BEACH FL 33407

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 13, 2000 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  
PCEO  
WALTERS, CASWELL  
2030 N. DIXIE HWY  
WEST PALM BEACH FL 33407 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
WALTERS, CASWELL  
2030 N. DIXIE HWY  
WEST PALM BEACH FL 33407 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
WALTERS, ISOLYN  
2030 N. DIXIE HIGHWAY  
WEST PALM BEACH FL 33407 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
200003419952-9  
-10/10/00-01010-017  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
PEART, DELENE  
1818 AUSTRALIAN AVE.  
WEST PALM BEACH FL 33407 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
PRICE, MAY  
4003 WINDSOR AVE.  
WEST PALM BEACH FL 33407 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
DAWES, AZRA  
6008 WILEY STREET  
HOLLYWOOD FL 33023 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/00

Date

Daytime Phone #

APPROVED  
AND  
FILED

00 SEP 18 PM 2:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE