

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000002896

1. Entity Name

BRACY TEMPLE CHURCH OF GOD IN CHRIST, INC.

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

02-10-2000 90022 028 \*\*\*\*61.25

Principal Place of Business  
2315 WEST 45TH STREET  
JACKSONVILLE FL 32208

Mailing Address  
2315 WEST 45TH STREET  
JACKSONVILLE FL 32209-2902

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

59-3580824

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

BRACY, VERNON  
2315 WEST 45TH STREET  
JACKSONVILLE FL 32208

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 VERNON BRACY

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

Vernon Bracy

(NOTE: Registered Agent signature required when reinstating)

1-26-2000

DATE

**FILE NOW:**  
**FEES IS \$61.25**

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	D	<input type="checkbox"/> Delete
NAME	BRACY, VERNON	
STREET ADDRESS	6786 HEMA ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARSHALL, REGINALD	
STREET ADDRESS	8205 BERRACUDA ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input type="checkbox"/> Delete
NAME	JORDAN, ANGIE	
STREET ADDRESS	8957 MADISON AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARSHALL, BRIDGETTE Y	
STREET ADDRESS	8205 BARACUDA ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32244	
TITLE	D	<input type="checkbox"/> Delete
NAME	JORDAN, DANIEL	
STREET ADDRESS	8957 MADISON AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input type="checkbox"/> Delete
NAME	GIVENS, KATHY	
STREET ADDRESS	4763 IRVINGTON AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERNON BRACY 1-26-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

768-0891

CR2E037 (9/99)