

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2002 8:00 am
Secretary of State

08-11-2002 90171 003 ****61.25

0001314

DOCUMENT # N99000002896

1. Entity Name

BRACY TEMPLE CHURCH OF GOD IN CHRIST, INC.



DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number **59-3580824** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BRACY, VERNON
2315 WEST 45TH STREET
JACKSONVILLE FL 32208

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

After September 13, 2002,
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRACY, VERNON 6766 HEMA ROAD JACKSONVILLE FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, REGINALD 8205 BERRACUDA ROAD JACKSONVILLE FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, ANGIE 8957 MADISON AVE. JACKSONVILLE FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARSHALL, BRIDGETTE Y 8205 BARACUDA ROAD JACKSONVILLE FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JORDAN, DANIEL 8957 MADISON AVE. JACKSONVILLE FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GIVENS, KATHY 4763 IRVINGTON AVE. JACKSONVILLE FL 32208

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Vernon Bracy* **VERNON BRACY** (904) 768-0391 7-25-02

CR2E037 (4/02)