

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90619 011 \*\*\*\*61.25

**DOCUMENT # P11058**

1. Entity Name

**CHURCH OF GOD AND SAINTS OF CHRIST, TABERNACLE N  
 O. 1(ONE) OF THE DISTRICT OF COLUMBIA, INC.**

Principal Place of Business

Mailing Address

**3403 STUART STREET  
 JACKSONVILLE FL 32209**

**3403 STUART STREET  
 JACKSONVILLE FL 32209**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**EAVES, SAMUEL J., I  
 3401 STUART STREET  
 JACKSONVILLE FL 32209**

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

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**

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>EAVES, EVELYN</b>	
STREET ADDRESS	<b>2259 COURTNEY DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32208</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>LEGREE, BEVERLY</b>	
STREET ADDRESS	<b>2638 Sunrise Ridge LN</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32211</b>	
TITLE	<b>M/D</b>	<input type="checkbox"/> Delete
NAME	<b>EAVES, MARY</b>	
STREET ADDRESS	<b>3710 STUART STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32209</b>	
TITLE	<b>S/D</b>	<input type="checkbox"/> Delete
NAME	<b>JONES, ABIGAIL</b>	
STREET ADDRESS	<b>3416 STUART STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32209</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TURNER, JEWEL E</b>	
STREET ADDRESS	<b>862 TAMMY COVE DRIVE</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32218</b>	
TITLE		<input type="checkbox"/> Delete
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
NAME		
STREET ADDRESS		
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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: *Samuel J. Eaves, I* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4/20/02**  
 Date **(904)381-3935**  
 Daytime Phone #

CR2E037 (9/01)