

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 30, 2003 8:00 am**  
**Secretary of State**

06-30-2003 90067 034 \*\*\*\*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

**3403 STUART STREET  
JACKSONVILLE FL 32209**

Mailing Address

**3403 STUART STREET  
JACKSONVILLE FL 32209**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

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

**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. I am familiar with, and accept the obligations of registered agent.

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  
Florida 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>T/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	<b>P</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Collins, William H. A.</b>	
STREET ADDRESS	<b>804 Old River Road</b>	
CITY-ST-ZIP	<b>Darien, GA 31305</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Eaves, Mary A.</b>	
STREET ADDRESS	<b>3710 Stuart Street</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32209</b>	
TITLE	<b>T/D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Eaves, Evelyn</b>	
STREET ADDRESS	<b>2259 Courtney Drive</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32208</b>	
TITLE	<b>S/D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jones, Abigail E.</b>	
STREET ADDRESS	<b>3416 N. Stuart Street</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32209-4351</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Legree, Beverly</b>	
STREET ADDRESS	<b>2638 Sunrise Ridge Lane</b>	
CITY-ST-ZIP	<b>Jacksonville, FL 32211</b>	
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:

*[Signature]*

6/26/03

CR2E037 (10/02)