

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90132 037 ****61.25

DOCUMENT # N11514

1. Entity Name

JUBILEE CHRISTIAN CENTER, INC.

Principal Place of Business

**420 NORWOOD AVE
P. O. BOX 373164
SATELLITE BEACH FL 32937
US**

Mailing Address

**P. O. BOX 373164
P. O. BOX 373164
SATELLITE BEACH FL 32937-1164
US**

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

59-2578379

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BLACK, GERALD M.
420 NORWOOD AVE.
SATELLITE BCH. FL 32937**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **PD** Delete
NAME **BLACK, GERALD M.**
STREET ADDRESS **420 NORWOOD AVENUE**
CITY-ST-ZIP **SATELLITE BEACH FL**

TITLE **STD** Delete
NAME **BLACK, PATRICIA L.**
STREET ADDRESS **420 NORWOOD AVENUE**
CITY-ST-ZIP **SATELLITE BEACH FL**

TITLE **D** Delete
NAME **MCLARTY, JAN**
STREET ADDRESS **1435 HAGEN LANE**
CITY-ST-ZIP **ROCKLEDGE FL**

TITLE **D** Delete
NAME **HOY, JEFFREY D**
STREET ADDRESS **P.O. BOX 410646 N/A**
CITY-ST-ZIP **MELBOURNE FL 32941**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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STREET ADDRESS
CITY-ST-ZIP

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: *Patricia L. Black* **PATRICIA L. BLACK** 1-28-00 4077737254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)