

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90183 005 ****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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 571 WETHERSFIELD PL	3. Mailing Address P.O. BOX 411076
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MELBOURNE, FL	City & State MELBOURNE FL	4. FEI Number 59-2578379	Applied For <input type="checkbox"/> Not Applicable
Zip 32940	Country USA	Zip 32941-1076	Country USA

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) 474 BOWIE AVE City WEST MELBOURNE FL Zip Code 32904	
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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 N/A **GERALD M. BLACK, PRESIDENT 2-21-02**
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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLACK, GERALD M. 420 NORWOOD AVENUE SATELLITE BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 474 BOWIE AVE. WEST MELBOURNE, FL, 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BLACK, PATRICIA L. 420 NORWOOD AVENUE SATELLITE BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 474 BOWIE AVE. WEST MELBOURNE, FL, 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLARTY, JAN 1435 HAGEN LANE ROCKLEDGE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOY, JEFFREY D P.O. BOX 410646 N/A MELBOURNE FL 32941 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: PATRICIA L. BLACK **PATRICIA L. BLACK 2-21-02 (321) 254-1022**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)