

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N11514

FILED
May 22, 2003
Secretary of State

Entity Name: JUBILEE CHRISTIAN CENTER, INC.

Current Principal Place of Business:

571 WETHERSFIELD PL
MELBOURNE, FL 32940 US

New Principal Place of Business:

New Mailing Address:

PO BOX 411076
MELBOURNE, FL 329411076 US

Current Mailing Address:

PO BOX 411076
MELBORNE, FL 329411076 US

FEI Number: 59-2578379

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACK, GERALD M.
474 BOWIE AVE
MELBOURNE, FL 32904 US

Name and Address of New Registered Agent:

BLACK, GERALD M.
474 BOWIE AVE
WEST MELBOURNE, FL 32904 US

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:

05/22/2003

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLACK, GERALD M.,
Address: 494 BOWIE AVE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: STD () Delete
Name: BLACK, PATRICIA L.,
Address: 474 BOWIE AVE
City-St-Zip: WEST MELBOURNE, FL 32904

Title: D () Delete
Name: MCLARTY, JAN,
Address: 1435 HAGEN LANE
City-St-Zip: ROCKLEDGE, FL

Title: D () Delete
Name: HOY, JEFFREY D
Address: P.O. BOX 410646 N/A
City-St-Zip: MELBOURNE, FL 32941

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BLACK, GERALD M.,
Address: 474 BOWIE AVE
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: STD (X) Change () Addition
Name: BLACK, PATRICIA L.,
Address: 474 BOWIE AVE
City-St-Zip: WEST MELBOURNE, FL 32904 US

Title: D (X) Change () Addition
Name: MCLARTY, JAN,
Address: 1435 HAGEN LANE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: DR (X) Change () Addition
Name: HOY, JEFFREY D
Address: 2820 BUSINESS CENTER BLVD.
City-St-Zip: MELBOURNE, FL 32940 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA L. BLACK

STD

05/22/2003

Electronic Signature of Signing Officer or Director

Date