

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11514

**FILED**  
**Feb 16, 2018**  
**Secretary of State**  
**CC0107578380**

**Entity Name:** JUBILEE CHRISTIAN CENTER, INC.

**Current Principal Place of Business:**

C/O BART BLACK  
4991 W. 81ST PLACE 1F  
WESTMINSTER, CO 80031

**Current Mailing Address:**

PO BOX 740928  
ARVADA, CO 80006 US

**FEI Number: 59-2578349**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BLACK, GERALD M.  
785 ACORN ST.  
MERRITT ISLAND, FL 32952 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: GERALD M. BLACK**

**02/16/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name BLACK, GERALD M.  
Address 785 ACORN ST.  
City-State-Zip: MERRITT ISLAND FL 32952

Title VPD  
Name BLACK, PATRICIA L,  
Address 785 ACORN ST.  
City-State-Zip: MERRITT ISLAND FL 32952

Title D  
Name MCLARTY, JAN MS.  
Address 1435 HAGEN LANE  
City-State-Zip: ROCKLEDGE FL 32955

Title D  
Name HOY, JEFFREY D DR.  
Address FAITH FELLOWSHIP CHURCH  
2820 BUSINESS CENTER BLVD.  
City-State-Zip: MELBOURNE FL 32940

Title D  
Name BLACK, BART P  
Address 4991 W. 81ST PLACE  
APT. 1F  
City-State-Zip: WESTMINSTER CO 80031

*I hereby 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 all other like empowered.*

**SIGNATURE: PATRICIA L. BLACK**

**VICE PRESIDENT,  
DIRECTOR**

**02/16/2018**

Electronic Signature of Signing Officer/Director Detail

Date