2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 702609 Apr 12, 2000 8:00 am Secretary of State 1. Entity Name BIBLE CHURCH OF GOD, INCORPORATED, OF BOYNTON BE 04-12-2000 90006 023 ****70.00 Principal Place of Business Mailing Address 1390 N. SEACREST BLVD P O BOX 5405 FT-LAUDERDALE FL 33310-5405 **BOYNTON BEACH FL** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Charles Applied For City & State 4. FEI Number 59-2822199 Not Applicable Country Country \$8.75 Additional EXLYC 5. Certificate of Status Desired Fee Required - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PAYNE, LEROY 555 N.W. 10TH AVE. **BOYNTON BEACH FL 33435** City 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** DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) ر ريد م " چ— Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10. TITLE Change ☐ Addition TITLE ☐ Delete NAME BANKS, SYLVESTER NAME STREET ADDRESS STREET ADDRESS 221 ROSS DRIVE CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE vsd NAME NAME LONDON, LEROY STREET ADDRESS STREET ADDRESS 2862 N.W. SISTRUNK BLVD CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33311 Change ☐ Addition TITLE asd ☐ Delete TITI F NAME NAME NOTTAGE, PAUL STREET ADDRESS STREET ADDRESS 630 S. 6TH STREET CITY-ST-ZIP CITY-ST-ZIP LAKE WALES FL Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME JACKSON, GEORGE STREET ADDRESS STREET ADDRESS 410 NW 3 AVENUE CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH F TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 office or director of the corporation or the receiver or trustee emacwered 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LONDON

4-5-2000

Daytime Phone #