

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

00 MAR 20 AM 11:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 707890

**1. Entity Name**  
CHURCH OF GOD BY FAITH

**Principal Place of Business**      **Mailing Address**  
1315-6 S. Lane Ave      1315-6 S. Lane Ave.  
Jacksonville, FL 32205      Jacksonville, FL 32205

**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**  
50-1631564

**Applied For**  
 Not Applicable

**5. Certificate of Status Desired**       **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

H. A. McKnight  
1404 SE 13<sup>th</sup> Ave.  
Gainesville, FL 32641-8262

**7. Name and Address of New Registered Agent**

Name: Sarah E. Lundy  
Street Address: 6536 Arrowroot Drive  
Jacksonville, FL 32244  
City: Jacksonville      State: FL      Zip Code: 32244

**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: *Sarah E. Lundy*      Sarah E. Lundy, Office Mgr.      3-16-2000

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.       **\$5.00 May Be Added to Fees**

**Make Check Payable to  
Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	MCKNIGHT, JAMES E	
STREET ADDRESS	7121 N.E. 26th PLACE	
CITY-ST-ZIP	GAINESVILLE, FL 32609	
TITLE	S	<input type="checkbox"/> Delete
NAME	MATTHEWS, GEORGE	
STREET ADDRESS	8834 CAMPHOR DR	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, THEODORE	
STREET ADDRESS	83 GIRARD PLACE	
CITY-ST-ZIP	NEWARK, NJ 07108	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBINSON, JOHN	
STREET ADDRESS	300 ESSEX DR	
CITY-ST-ZIP	FT. PIERCE, FL 34946	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROURK, DAVID C.	
STREET ADDRESS	207 CHESTNUT HILL DRIVE	
CITY-ST-ZIP	ROCHESTER, NY 14617	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

600003183256  
-03/24/00--01078--003  
\*\*\*\*\*61.25      \*\*\*\*\*61.25

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**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:** *James E. McKnight* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/2000      352-3763366

Date      Daytime Phone #

CR2E037 (9/99)