

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707890

1. Entity Name

CHURCH OF GOD BY FAITH

FILED

00 MAR 20 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

4. FEI Number

50-1631564

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

H. A. McKnight
1404 SE 13th Ave.
Gainesville, FL 32641-8262

Name Sarah E. Lundy
Street Address 6536 Arrowroot Drive
Jacksonville, FL 32244
City FL 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 *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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME MCKNIGHT, JAMES E
STREET ADDRESS 7121 N.E. 26th PLACE
CITY-ST-ZIP GAINESVILLE, FL 32609

TITLE S ☐ Delete
NAME MATTHEWS, GEORGE
STREET ADDRESS 8834 CAMPHOR DR
CITY-ST-ZIP JACKSONVILLE FL 32208

TITLE D ☐ Delete
NAME BROWN, THEODORE
STREET ADDRESS 83 GIRARD PLACE
CITY-ST-ZIP NEWARK, NJ 07108

TITLE D ☐ Delete
NAME ROBINSON, JOHN
STREET ADDRESS 300 ESSEX DR
CITY-ST-ZIP FT. PIERCE, FL 34946

TITLE D ☐ Delete
NAME ROURK, DAVID C.
STREET ADDRESS 207 CHESTNUT HILL DRIVE
CITY-ST-ZIP ROCHESTER, NY 14617

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/2000
Date

352-3763366
Daytime Phone #

KE

CR2E037 (9/99)