## **2001 UNIFORM BUSINESS REPORT (UBR) FILED** Jan 11, 2001 08:00 AM 707890 DOCUMENT # 1. Entity Name **Secretary of State** CHURCH OF GOD BY FAITH Principal Place of Business Mailing Address 1315-6 S. LANE AVE 1315-6 S. LANE AVE JACKSONVILLE FL JACKSONVILLE 32205 32205 2. Principal Place of Business 3. Mailing Address 1315 S. LANE AVE 1315 S. LANE AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE #6 City & State City & State 4. FEI Number Applied For JACKSONVILLE JACKSONVILLE 59-1631564 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 32205 32205 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUNDY SARAH Street Address (P.O. Box Number is Not Acceptable) 6536 ARROWFOOT DRIVE JACKSONVILLE FL32244 US 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. 01/11/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to **\$5.00** May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE D Delete TITLE ☐ Change ☐ Addition NAME NAME ROURK, DAVID C. STREET ADDRESS STREET ADDRESS 207 CHESTNUT HILL DRIVE CITY-ST-ZIP ROCHESTER CITY-ST-ZIP NY 14617 TITLE ☐ Delete TITLE X Change ☐ Addition NAME ROBINSON, JOHN NAME ROBINSON, JR., JOHN STREET ADDRESS STREET ADDRESS 300 ESSEX DR. 300 ESSEX DR. CITY-ST-ZIP FT. PIERCE FL. 34946 CITY-ST-ZIP FT. PIERCE FL. 34946 TITLE Delete TITLE X Change ☐ Addition NAME BROWN, THEODORE BROWN, THEODORE NAME STREET ADDRESS STREET ADDRESS 93 GIRARD PLACE 83 GIRARD PLACE CITY-ST-ZIP NEWARK CITY-ST-ZIP NEWARK N.I 07108 N.I 07108 TITLE Delete TITLE X Change Addition NAME MATTHEWS, GEORGE MATTHEW, GEORGE NAME STREET ADDRESS STREET ADDRESS 8834 CAMPHOR DR. 8834 CAMPHOR DR. CITY-ST-ZIP JACKSONVILLE JACKSONVILLE FL. 32208 CITY-ST-ZIP FL. 32208 TITLE Delete TITLE Change ☐ Addition NAME MCKNIGHT, JAMES E. NAME STREET ADDRESS 7121 N.E. 26TH PLACE STREET ADDRESS CITY-ST-ZIP GAINESVILLE CITY-ST-ZIP FL. 32601 TITLE □ Delete TITLE Change ☐ Addition

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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE: \_

NAME

STREET ADDRESS

CITY-ST-ZIP

James E. McKnight

Pres

01/11/2001

CR2E037 (11/00)