

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 08:00 AM
Secretary of State

DOCUMENT # 707890

1. Entity Name
 CHURCH OF GOD BY FAITH

Principal Place of Business 1315-6 S. LANE AVE JACKSONVILLE FL 32205	Mailing Address 1315-6 S. LANE AVE JACKSONVILLE FL 32205
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2. Principal Place of Business 1315 S. LANE AVE	3. Mailing Address 1315 S. LANE AVE
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Suite, Apt. #, etc. SUITE #6	Suite, Apt. #, etc. STE. #6
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City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
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Zip 32205	Country	Zip 32205	Country
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4. FEI Number
59-1631564

Applied For	Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LUNDY SARAH
 6536 ARROWFOOT DRIVE
 JACKSONVILLE FL 32244 US

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ DATE **01/11/2001**
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 NAME STREET ADDRESS CITY-ST-ZIP	D ROURK, DAVID C. 207 CHESTNUT HILL DRIVE ROCHESTER NY 14617 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, JOHN 300 ESSEX DR. FT. PIERCE FL 34946 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, THEODORE 83 GIRARD PLACE NEWARK NJ 07108 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATTHEW, GEORGE 8834 CAMPHOR DR. JACKSONVILLE FL 32208 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCKNIGHT, JAMES E. 7121 N.E. 26TH PLACE GAINESVILLE FL 32601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D ROBINSON, JR., JOHN 300 ESSEX DR. FT. PIERCE FL 34946 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D BROWN, THEODORE 93 GIRARD PLACE NEWARK NJ 07108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S MATTHEWS, GEORGE 8834 CAMPHOR DR. JACKSONVILLE FL 32208 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Pres **01/11/2001**

CR2E037 (11/00)