

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 73 2500

1. Entity Name

CHURCH OF LIVING GOD (WWRC)
WORLD WIDE REVIVAL CENTER

FILED

00 OCT 27 AM 11:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

2643-5th Ave. So.

12223 P.O. Box

St. Petersburg, FL

St. Petersburg, FL

2. Principal Place of Business

3. Mailing Address

2643 5TH AVE. SO.

12223 P.O. Box

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

ST. PETERSBURG, FL

ST. PETERSBURG, FL

4. FEI Number

59-2949866

Applied For

Not Applicable

Zip

Country

Zip

Country

33733

USA

33712

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAMUEL BUTLER SR (DECEASED)
6612 VERNON ST.
ORLANDO, FL 32818

Name

LORRAINE WHITE

Street Address (P.O. Box Number is Not Acceptable)

2726 4th Ave So.

City

ST. PETERSBURG, FL 33712

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.

300003459459-9

11/09/00-01104-008

*****70.00 *****70.00

SIGNATURE

Lorraine White

Signature, typed or printed name of registered agent and title (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 NAME	PRESIDENT SAMUEL BUTLER SR.	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4442 3RD A1S ST. PETERSBURG, FL	
TITLE NAME	VICE PRESIDENT KORRETTA BUTLER	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	4442 3RD A1S ST. PETERSBURG, FL	
TITLE NAME	TREASURER JOSEPH FINLEY JR	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3106 23RD AVE TAMPA FL	
TITLE NAME	SECRETARY GERALDINE BROWN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1654 ROYAL AVE SO ST. PETE, FL 33712	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

TITLE NAME	PRESIDENT SAMUEL BUTLER JR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	11 WEST LOGAN AVE. WEST ST. PAUL, MINNESOTA	
TITLE NAME	Pastor Rev. Otis L Cogey	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	615 26th S East Palmetto, FL 34221	
TITLE NAME	TREASURER/VICE PRESIDENT LORRAINE WHITE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	2726 4th Ave. So. ST. PETERSBURG, FL 33712	
TITLE NAME	SECRETARY NADINE PATTERSON	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1234 22nd AVE SO ST. PETERSBURG FL	
TITLE NAME	ASSISTANT TREASURER DEBORAH MCCRAY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	1954 BYRAM DR. CLEARWATER, FL	
TITLE NAME	ASSIST PASTOR Rev. Carmen Cogey	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	615 26th S East Palmetto FL 34221	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Lorraine White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

328-5011