

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90098 046 ****61.25

DOCUMENT # 745405

1. Entity Name
THE FAMILY OF GOD CHURCH, INC.



Principal Place of Business Mailing Address

2116 THREE TREES CT **2116 THREE TREES CT**
203 **203**
ORLANDO FL 32807 **ORLANDO FL 32807**
US **US**

2. Principal Place of Business 3. Mailing Address


4100 NW 28th LN **4100 NW 28th LN**
Suite, Apt. #, etc. Suite, Apt. #, etc.
46 **# 46**

City & State City & State

GAINESVILLE, FL **GAINESVILLE, FL**

Zip Country Zip Country

32606 **USA** **32606** **USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1188197** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TOTH, JEAN K
~~**2116 THREE TREES CT**~~ **4100 NW 28th LN**
~~**203**~~ **# 46**
~~**ORLANDO FL 32807**~~ **GAINESVILLE, FL**
32606

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jean K. Toth - Jean K. Toth* DATE **4-02-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P D <input type="checkbox"/> Delete
NAME	TOTH, JEAN K.
STREET ADDRESS	2116 THREE TREES CT 4100 NW 28th LN #46
CITY-ST-ZIP	ORLANDO FL 32807 GAINESVILLE, FL 32606
TITLE	VDD <input type="checkbox"/> Delete
NAME	MCCLELLAN, NANCY
STREET ADDRESS	8614 LINCOLNSHIRE RD
CITY-ST-ZIP	JACKSONVILLE FL 32217
TITLE	SD <input type="checkbox"/> Delete
NAME	HINKLEY, EMMETT
STREET ADDRESS	3116 S OSCEOLA ST
CITY-ST-ZIP	ORLANDO FL 32806
TITLE	TD <input type="checkbox"/> Delete
NAME	SHORT, CHARLES
STREET ADDRESS	201 ADMIRAL LN
CITY-ST-ZIP	DEBARY FL 32713
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	

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: *Jean K. Toth* SIGNATURE *Jean K. Toth* DATE **4-02-03** **352-376-1505**

CR2E037 (10/02)