FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 14 AM 9:26

DOCUMENT # **748042** **(9)**

1. Corporation Name

UNITED BIBLE COLLEGE INSTITUTE/THEOLOGICAL SEMIN ARY/UNITED FULL GOSPEL CHURCH, INC.

Principal Place of Business	Mailing Address
1605 MERCY DRIVE P.O. BOX 585284 ORLANDO FL 32858	1605 MERCY DRIVE P.O. BOX 585284 ORLANDO FL 32858

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/11/1979
3a. Date of Last Report: 11/23/1994
4. FEI Number: 59-1932623 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Elector Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status XX **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GORDON, REVEREND SAMUEL
1605 MERCY DRIVE
ORLANDO FL 32858

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	Chancellor	☐ Change ☒ Addition
NAME	WEAVER, LEONARD T.	12 NAME	Samuel R. Gordon	
STREET ADDRESS	2701 S. HICKORY ST.	13 STREET ADDRESS	1231 Emeralda Dr.	
CITY-ST-ZIP	MELBOURNE FL	14 CITY-ST-ZIP	Orlando, Florida 32808	
TITLE	D	21 TITLE	XX Change	☐ Change ☐ Addition
NAME	BRADLEY, FRANCIS (DR.)	22 NAME	Dr. Francis Bradley	
STREET ADDRESS	427 TIMBERLAKE DR.	23 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE	N. S. Sanders	☐ Change ☒ Addition
NAME	MONROE, WALTER E. (DR.	32 NAME	Chairman of the Board	
STREET ADDRESS	1019 S. GOLDWYN AVE.	33 STREET ADDRESS	1130 N. Webster Ave.	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	Lakeland, Fl. 33805	
TITLE	D	41 TITLE	General Secretary	☐ Change ☒ Addition
NAME	JONES, SYLVESTER (REV	42 NAME	Kathleen Gordon	
STREET ADDRESS	P.O. BOX 429, N/A	43 STREET ADDRESS	1231 Emeralda Drive	
CITY-ST-ZIP	COCOA FL	44 CITY-ST-ZIP	Orlando, Florida 32808	
TITLE	D	51 TITLE	Board Members	☐ Change ☒ Addition
NAME	JACKSON, ROXIE (MRS.)	52 NAME	Dr. Willie Bryant	
STREET ADDRESS	4907 INDIANLANTIC DR.	53 STREET ADDRESS	109-10 125th St.	
CITY-ST-ZIP	ORLANDO FL	54 CITY-ST-ZIP	Ozone Park, N. Y. 11420	
TITLE	D	61 TITLE	XX Change	☐ Change ☐ Addition
NAME	OLIVER, EULA	62 NAME	Eula Oliver	
STREET ADDRESS	133MARTIN LUTHER KING DR	63 STREET ADDRESS		
CITY-ST-ZIP	LAKEWOOD NJ	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with the address.

SIGNATURE: Samuel R. Gordon / Samuel Gordon 6/9/95 407-298-1116
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0034898