

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/1:

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

04-11-2001 90075 026 \*\*\*\*61.25

**DOCUMENT # 820222**

1. Entity Name

**CHURCH EXTENSION OF THE CHURCH OF GOD, INC.**

Principal Place of Business

Mailing Address

1812 UNIVERSITY BLVD  
 ANDERSON IN 46012

P. O. BOX 2069  
 ANDERSON IN 46018

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**35-0869027**

Applied For

Not Applicable

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

**BOEDEKER, JOHN**  
**211 PRESIDENTS DR**  
**LAKE WALES FL 33859**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	DAVEY, FREDERICK J REV	8119 WIND FOREST DRIVE	HOUSTON TX 77040	<input type="checkbox"/> Delete
	CHAIR OF BOARD OF DIRECTORS			
T	KRUSHEL, REV. B G.	5807 35TH AVE.	CAMROSE AL	<input type="checkbox"/> Delete
	BOARD OF DIRECTOR			
D	PEREZ-SCHIVNER, REV. C	29629 EAST WOODARD RD.	TROUTDALE OR	<input type="checkbox"/> Delete
	BOARD OF DIRECTOR			
D	SCHOCKEY, REV. R W.	9633 LINCOL BLVD	INDIANAPOLIS IN	<input type="checkbox"/> Delete
	BOARD OF DIRECTOR			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Perry Grubbs	1812 University Blvd.	Anderson, IN 46012	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	Mike Grant	1812 University Blvd	Anderson, IN 46012	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input checked="" 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)(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 only, an address, with all other like empowered.

SIGNATURE:

*Michael Grant*

4/21/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)