

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 850278

1. Entity Name

THE CHURCH OF GOD OF THE MOUNTAIN ASSEMBLY, INC.

Principal Place of Business

Mailing Address

164 N. FLORENCE AVE.
P.O. BOX 157
JELICO TN 37762
US

164 N. FLORENCE AVE.
P.O. BOX 157
JELICO TN 37762
US

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

62-6012946

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

WHITEHEAD, LUTHER
1753 BIDDLE STREET
PALM BAY FL 32907

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 PD
NAME LYKE, LONNIE
STREET ADDRESS 326 OLD TRACY BRANCH RD
CITY-ST-ZIP CLAIRFIELD TN 37715 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE STD
NAME NEWTON, ALFRED JR.
STREET ADDRESS 170 N. FLORENCE AVE.
CITY-ST-ZIP JELICO TN ☒ Delete

TITLE STD
NAME WEBB, ROGER L.
STREET ADDRESS 170 N. FLORENCE AVE.
CITY-ST-ZIP JELICO, TN 37762 ☒ Change ☐ Addition

TITLE VPD
NAME COK, JAMES L.
STREET ADDRESS 1100 LARKLANE
CITY-ST-ZIP CORBIN KY 40701 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ 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 with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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