2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **N07534**

THE MISSIONARY DIRECTIONAL MISSION CHURCH OF GOD

Principal Place of Business 2929 WINKLER AVE.. #1007

Mailing Address

FT. MYERS FL 33916

2929 WINKLER AVE., #1007 FT. MYERS FL 33916

2. Principal Place of Business

CUNNINGHAM, CORNELL 2929 WINKLER AVE., #1007 FT. MYERS FL 33916

Suite, Apt. #, etc.

City & State

Zip

3. Mailing Address

6. Name and Address of Current Registered Agent

City & State -Country

Zip

Suite, Apt. #, etc.

Country

FILED Sep 08, 2002 8:00 am Secretary of State

09-08-2002 90118 023 ****70.00

B0136378



DO NOT WRITE IN THIS SPACE

4:-FEi-Number Applied For 59-2490339 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

7. Name and Address of New Registered Agent

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

City

(NOTE: Registered Agent signature required when reinstating)

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

SIGNATURE

CITY-ST-ZIP

After September 13, 2002,

Signature, typed or printed name of registered agent and title if applicable.

9. Election Campaign Financing

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

DATE

min. will be \$236,25. Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD TITLE Delete TITLE ☐ Change ☐ Addition CUNNINGHAM, CORNELL NAME NAME STREET ADDRESS 2929 WINKLER AVE., #1007 STREET ADDRESS CITY-ST-7IP FT. MYERS FL 33916 CITY-ST-ZIP TITLE Delete TITLE D ☐ Addition NAME CUNNINGHAM, ELIZABETH NAME DERRON Smith STREET ADDRESS 5180 16th Place SW. Thr. 34116 2929 WINKLER AVE., #1007 STREET ADDRESS CITY-ST-ZIP Died. FT. MYERS FL 33916 CITY-ST-ZIP TITLE SD Delete TITLE Willie MAE CUNNING HAM ☐ Addition NAME VIOLA, BATTLE NAME 6209 mendowview cir, STREET ADDRESS 2424 SOUTH ST. STREET ADDRESS CITY-ST-ZIP FtmyERS FORT MYERS FL 33901 CITY-ST-ZIP 33916 TITLE asst SD #35+.5D ☐ Delete ☐ Change Addition KANES NAME VANESSA HARVEY NAME 164 O Sprey's LANdings Cia#607 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 34104 TITI F D SHATON KA JOHNSON ☐ Delete TITLE ☐ Change Addition NAME NAME 5186 16th Place SW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP UNIT # 1 NA Ples 7/A. 34116 CITY-ST-ZIP TITLE ☐ Delete TITLE ZI Addition NAME Devise HARVEY NAME STREET ADDRESS 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