

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

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90118 001 \*\*\*\*\*70.00

**DOCUMENT # N07534**

1. Entity Name

**THE MISSIONARY DIRECTIONAL MISSION CHURCH OF GOD  
, INC.**



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

Circle  
6209 meadowview

3. Mailing Address

P.O. Box 7082

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Fort Myers, FL

City & State

Fort Myers, FL

4. FEI Number **59-2490339**

Applied For

Not Applicable

Zip

33916

Country

LEE

Zip

339101

Country

LEE

5. Certificate of Status Desired

☒ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

CUNNINGHAM, CORNELL

~~2929 WINKLER AVE., #1007~~

~~FT. MYERS FL 33916~~

7. Name and Address of New Registered Agent

Name Cornell Cunningham

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

6209 meadowview Circle

City Fort Myers

FL

Zip Code 339126

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

Cornell Cunningham

4/7/03

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME CUNNINGHAM, CORNELL  
STREET ADDRESS 2929 WINKLER AVE., #1007  
CITY-ST-ZIP FT. MYERS FL 33916

TITLE D ☐ Delete  
NAME SMITH, DERRON  
STREET ADDRESS 5180 16TH PLACE SW  
CITY-ST-ZIP NAPLES FL 34116

TITLE VD ☐ Delete  
NAME CUNNINGHAM, WILLIE M  
STREET ADDRESS 6209 MEADOWVIEW CIR  
CITY-ST-ZIP FORT MYERS FL 33916

TITLE ASD ☐ Delete  
NAME HARVEY, VANESSA  
STREET ADDRESS 164 OSPREYS LANDINGS CIR #607  
CITY-ST-ZIP NAPLES FL 34104

TITLE D ☐ Delete  
NAME JOHNSON, SHATONKA  
STREET ADDRESS 5186 16TH PLACE SW  
CITY-ST-ZIP NAPLES FL 34116

TITLE D ☐ Delete  
NAME HARVEY, DENISE  
STREET ADDRESS 164 OSPREYS LANDING CIR  
CITY-ST-ZIP NAPLES FL 34104

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition  
NAME MARY ROSS  
STREET ADDRESS 121 Andros St.  
CITY-ST-ZIP Lehigh Ave, FL 33936

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

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

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

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

TITLE ☐ Change ☐ 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:

Cornell Cunningham

4/7/03 (239) 292-0583

CR2E037 (10/02)