

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90062 038 ****61.25

DOCUMENT # N95000004064

1. Entity Name

GOD'S CHURCH OF ORLANDO, INC.

Principal Place of Business

**8188 SULLY DRIVE
 ORLANDO FL 32818**

Mailing Address

**8188 SULLY DRIVE
 ORLANDO FL 32818**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ELLIOTT, ROBERT J
 8188 SULLY DRIVE
 ORLANDO FL 32818**

7. Name and Address of New Registered Agent

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

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ELLIOTT, ROBERT J | |
| STREET ADDRESS | 8188 SULLY DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32818 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ELLIOTT, MICKI | |
| STREET ADDRESS | 8188 SULLY DRIVE | |
| CITY-ST-ZIP | ORLANDO FL 32818 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MINEY, SEANA | |
| STREET ADDRESS | 122 N BAY ST #2 | |
| CITY-ST-ZIP | EUSTIS FL 32726 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FLOWERS, EDISON | |
| STREET ADDRESS | 131 DOWDNEY LANE | |
| CITY-ST-ZIP | DAVENPORT FL 33837 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BICKELL, RICHARD | |
| STREET ADDRESS | 7249 TALLOW LANE | |
| CITY-ST-ZIP | ORLANDO FL 32835 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MINCY, SEANA | |
| STREET ADDRESS | 6460 POMEROY CT | |
| CITY-ST-ZIP | ORLANDO, FL 32810 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/01 (409) 578-0484
 Date Daytime Phone #

00275

CR2E037 (10/00)