

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90077 007 ****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
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DO NOT WRITE IN THIS SPACE

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	NOT APPLICABLE	Applied For	
		Not Applicable	
5. Certificate of Status Desired	<input type="checkbox"/>	\$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	MINCY, SEANA
STREET ADDRESS	6460 POMEROY CT.
CITY-ST-ZIP	ORLANDO FL 32810
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 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 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: *Robert J. Elliott* **REQUIRE** **Robert J. Elliott** **3/2/02**

CR2E037 (9/01)