

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000004939

FILED  
Mar 20, 2002 8:00 AM  
Secretary of State

**Entity Name:** INDONESIA FULL GOSPEL FELLOWSHIP FLORIDA, INCORPORATED

**Current Principal Place of Business:**

% REV. FREDY LIWANG  
350 KAILA COURT  
OCOE, FL 347612826

**New Principal Place of Business:**

**Current Mailing Address:**

% REV. FREDY LIWANG  
350 KAILA COURT  
OCOE, FL 347612826

**New Mailing Address:**

**FEI Number:** 59-3615129

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LIWANG, FREDY REV.  
350 KAILA COURT  
OCOE, FL 347612826 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CPD ( ) Delete  
Name: LIWANG, FREDY  
Address: 350 KAILA COURT  
City-St-Zip: OCOE, FL 34761

Title: VCPD (X) Delete  
Name: TJIONG, WIE L  
Address: 1615 LADY BOWERS TRAIL  
City-St-Zip: LAKELAND, FL 33809

Title: SD ( ) Delete  
Name: LIE, ENG HAUW  
Address: 360 KAILA COURT  
City-St-Zip: OCOE, FL 34761

Title: TD ( ) Delete  
Name: DJAJA, EDDY  
Address: 8900 LEGACY COURT # 203  
City-St-Zip: KISSIMMEE, FL 34747

Title: MAT (X) Delete  
Name: HIDAYAT, ANDY  
Address: 1943 FARRINGTON DRIVE  
City-St-Zip: LAKELAND, FL 33809

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FREDY LIWANG

CPD

03/20/2002

Electronic Signature of Signing Officer or Director

Date