

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000003949

1. Entity Name

GREAT COMMISSION FOUNDATION, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90023 005 ****70.00

Principal Place of Business

Mailing Address

4720 CLEVELAND HEIGHTS BLVD.
LAKELAND FL 33803

4720 CLEVELAND HEIGHTS BLVD.
LAKELAND FL 33813-2112

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

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, DENNIS P
100 E. MAIN STREET
LAKELAND FL 33801

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	FULLER, GENE	
STREET ADDRESS	4642 HIGHLANDS PLACE DRIVE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	P	<input type="checkbox"/> Delete
NAME	WILDER, PAUL	
STREET ADDRESS	13201 BELCHER ROAD	
CITY-ST-ZIP	LARGO FL 33773	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAVIS, CHARLES	
STREET ADDRESS	110 COVINGTON COVE S.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MOATS, RAY	
STREET ADDRESS	5017 LAKE-IN-TH-WOODS	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	D	<input type="checkbox"/> Delete
NAME	DENNIS, LARRY	
STREET ADDRESS	2004 COUNT CT.	
CITY-ST-ZIP	LAKELAND FL 33813	
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
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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: **Gene Fuller, Director** 2/16/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863-644-9381

CR2E037 (9/99)