

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 750292

1. Entity Name

THE TRUE CHURCH OF THE LIVING GOD, INC.

Principal Place of Business

1950 N.W. 8TH STREET  
POMPANO BEACH FL 33069

Mailing Address

1950 N.W. 8TH STREET  
POMPANO BEACH FL 33069-2410

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

59-1997356

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

BLUE, JOE, JR.  
1104 N.W. SISTRUNK BOULEVARD  
FORT LAUDERDALE FL 33311

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME BLUE, ELDER JOE JR  
STREET ADDRESS 1108 1/2 NW SISTRUNK BLV  
CITY-ST-ZIP FT LAUDERDALE, FL 00000 ☐ Delete

TITLE SD  
NAME BLUE, DIANE W  
STREET ADDRESS 1108 1/2 NW SISTRUNK BLV  
CITY-ST-ZIP FT LAUDERDALE, FL 00000 ☐ Delete

TITLE T  
NAME EDWARDS, WENDY  
STREET ADDRESS 1971 N.W. 4 STREET  
CITY-ST-ZIP POMPANO BEACH FL 33060 ☐ Delete

TITLE D  
NAME FIELDS, CONNIE D.  
STREET ADDRESS 991 N.W. 18TH DRIVE  
CITY-ST-ZIP FT LAUDERDALE, FL 00000 ☐ Delete

TITLE D  
NAME BOYD, MARLENE  
STREET ADDRESS 2681 NW 5TH ST #61  
CITY-ST-ZIP POMPANO BCH FL 33069 ☐ Delete

TITLE D  
NAME WILLIAMS, TIMOTHY B.  
STREET ADDRESS 2681 NW 5 ST  
CITY-ST-ZIP POMPANO BCH FL ☐ Delete

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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

TITLE ☐ Change ☐ Addition

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: Dianna Blue SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-00  
Date

954-748-5093  
Daytime Phone #

FILED  
Mar 10, 2000 8:00 am  
Secretary of State

03-10-2000 90020 043 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)