

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740642

1. Entity Name

ROYAL ASSEMBLY CHURCH OF THE LIVING GOD, INC.

Principal Place of Business

1964 NW SISTRUNK BLVD
FT. LAUDERDALE FL 33311
US

Mailing Address

532 N.W. 20TH AVE.
FT. LAUDERDALE FL 33311

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

59-1859105

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

WILLIAMS, L.W.
532 NW 20TH AVE.
FORT LAUDERDALE FL

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 WILLIAMS, L.W.
STREET ADDRESS 1964 N.W. 6TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

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

TITLE T
NAME GRAHAM, ROBERT
STREET ADDRESS 384 UTAH AVE
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

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

TITLE S
NAME NICHOLSON, RUTHIE
STREET ADDRESS 443 NW 8TH AVE
CITY-ST-ZIP FT. LAUDERDALE FL 33311 ☐ Delete

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

TITLE D
NAME BENNETT, BERTHA
STREET ADDRESS 532 NW 20TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

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

TITLE D
NAME ABNER, LUCILLE
STREET ADDRESS 2931 N.W. 7TH STREET
CITY-ST-ZIP FT. LAUDERDALE FL ☐ Delete

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

TITLE O
NAME RUSSELL, DOUGLAS
STREET ADDRESS 4341 NW 32 CT
CITY-ST-ZIP FORT LAUDERDALE FL 33319 ☐ Delete

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90289 034 *****75.00

645767



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)