

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90549 020 \*\*\*\*75.00

**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

1964 NW Sistrunk Blvd  
 Suite, Apt. #, etc.

3. Mailing Address

532 N.W. 20th Ave  
 Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL  
 Zip 33311 Country USA

City & State

Ft. Lauderdale, FL  
 Zip 33311 Country USA

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

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

7. Name and Address of New Registered Agent

Name

L. W. Williams

Street Address (P.O. Box Number is Not Acceptable)

532 NW 20th Avenue

City

Ft. Lauderdale

FL

Zip Code

33311

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

*Bishop L. St. Williams, President*

4/23/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEÉ 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	PD	<input type="checkbox"/> Delete
NAME	WILLIAMS, L.W.	
STREET ADDRESS	1964 N.W. 6TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRAHAM, ROBERT	
STREET ADDRESS	384 UTAH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	NICHOLSON, RUTHIE	
STREET ADDRESS	443 NW 8TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, BERTHA	
STREET ADDRESS	532 NW 20TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ABNER, LUCILLE	
STREET ADDRESS	2931 N.W. 7TH STREET	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	O	<input type="checkbox"/> Delete
NAME	RUSSELL, DOUGLAS	
STREET ADDRESS	4341 NW 32 CT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33319	

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 checked="" type="checkbox"/> Addition
NAME	S Graham, Alfreda
STREET ADDRESS	384 Utah Avenue
CITY-ST-ZIP	Ft. Lauderdale FL 33312
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:

*Bishop L. St. Williams*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/02

954-462-8771

CR2E037 (9/01)