## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N41641

1. Entity Name



## **FILED** Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90140 028 \*\*\*\*70.00

1102 SOUT OF PLANT	th tyler street-churc Coty, florida, inc.	1 of the Living God						
Principal Place of Business 102 SOUTH TYLER STREET LANT CITY FL 33566		Mailing Address 1102 SOUTH TYLER ST. PLANT CITY FL 32566		JUUG1463				
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2. Principal Place of Business 3. Mailing Address		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK	HERE IF MAKING	G CHANGES		
City & State		City & State		4. FEI Number <b>59-3128189</b> Applied For Not Applica				
Zip	Country	Zip	Country	5. Certificate of Status De	sired 🔽	\$8.75 Addi		
		t Begintered Agent	<del> </del>	7. Name and Address of	New Registered	•		
	6. Name and Address of Curren	r Registered Agent	Name					
SMITH, FI			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				
1102 S. T					<u>.</u> .			
PLANT CI	TY FL 33566		City		F!	Zip Code	<del></del>	
SIGNATURE	Signature, typed or printed name of registered age		Registered Agent signature re-		Make Chec	ck Payable artment of S	to ====================================	
			- Laa	ADDITIONS/CHANGES TO	OFFICERS AND D	DIRECTORS IN	10	
10.	OFFICERS AND I	DIRECTORS Delete	TITLE	ADDITIONATION TO	<u> </u>	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SMITH, FRANK, JR. 1207 S. TYLER ST.	5000	NAME STREET ADDRESS CITY-ST-ZIP		•		☐ Addition	
TITLE NAME STREET ADDRESS	PLANT CITY FL TT LAMPKIN, EVELYN 604 LINCOLN ST.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	PLANT CITY FL ST PIEREIRA, JACQUELIN 406 S. HOWARD ST.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS	PLANT CITY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		☐ Change	☐ Addition	
CITY-ST-ZIP		☐ Delete	TITLE			Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ 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.

813-7197345 SIGNATURE: FRANKISMIT