

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709309

1. Entity Name

TUBMAN-KING COMMUNITY CHURCH, INC.

FILED

Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90055 004 ****61.25

Principal Place of Business

Mailing Address

1090 CYPRESS STREET
DAYTONA BEACH FL 32114

1090 CYPRESS STREET
DAYTONA BEACH FL 32114

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

05-0045067

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DICKENS, RONNIE
1090 GEORGE W. ENGRAM BLVD.
DAYTONA BEACH FL 32114

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 PCD ☐ Delete
NAME DICKENS, RON
STREET ADDRESS 1090 GEORGE W. ENGRAM BLVD.
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE TD ☐ Change ☒ Addition
NAME LEWIS, NORMA
STREET ADDRESS 1090 GEORGE W. ENGRAM BLVD.
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE TD ☐ Delete
NAME DASH, PEDRO
STREET ADDRESS 1090 GEORGE W. ENGRAM BLVD.
CITY-ST-ZIP DAYTONA BEACH FL 32114

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

TITLE T ☒ Delete
NAME LOCKLEY, BRUCE
STREET ADDRESS 671 REILLY'S ROAD
CITY-ST-ZIP PORT ORANGE FL 32119

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

TITLE TD ☐ Delete
NAME FULTON, ROWLAND
STREET ADDRESS 240 WILLOW PL
CITY-ST-ZIP ORMOND BEACH FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 #

CR2E037 (9/01)