2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 709446

FILED Sep 12, 2002 Secretary of State

Entity Name: SOUTH EAST RECONCILIATION FELLOWSHIP OF CHURCH OF GOD, INC.

Current Principal Place of Business:			New Princip	New Principal Place of Business:	
11315 NW CORAL SF	43 PL PGS, FL 33065	5 US			
Current Mailing Address:			New Mailin	New Mailing Address:	
11315 NW CORAL SF	43 PL PGS, FL 3305	US			
FEI Number:	59-1704749	FEI Number Applied For ()	l Number Not Applic	able () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and A	Address of New Registered Agent:	
ARTIS, A 11315 NW CORAL SF	43 PL PGS, FL 33065	5 US			
	named entity s e of Florida.	submits this statement for the purpo	se of changing its	registered office or registered agent, or both,	
SIGNATUF		ic Signature of Registered Agent		Data	
OFFICERS	Electron		ADDITIONS	Date /CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	D () SMITH, REGINA 2310 NW 115TH CORAL SPRING	I DR.	Title: Name: Address: City-St-Zip:	()Change ()Addition	
			T.U.	() Change () Addition	
Name: Address:	T () ARTIS, A 11315 NW 43 F CORAL SPGS,		Title: Name: Address: City-St-Zip:		
Name: Address: City-St-Zip: Title: Name: Address:	ARTIS, A 11315 NW 43 F CORAL SPGS,	L FL 33065 Delete ROBERT L STREET	Name: Address:	()Change ()Addition	
Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	ARTIS, A 11315 NW 43 F CORAL SPGS, S () GRESHAM, JR. 4700 NW 17TH LAUDERHILL, F	L FL 33065 Delete ROBERT L STREET L 33311 Delete NIEL I ST.	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition PD (X) Change () Addition DAVIDSON, MILTON W 1242 N. ANDREWS AVE. FORT LAUDERDALE, FL 33311	
Title: Name: Address: City-St-Zip: City-St-Zip:	ARTIS, A 11315 NW 43 F CORAL SPGS, S GRESHAM, JR. 4700 NW 17TH LAUDERHILL, F PD () HARDEN, C. DA 8155 SW 110TH MIAMI, FL 331	L FL 33065 Delete ROBERT L STREET L 33311 Delete NIEL H ST. 57 Delete ILHELMIN CT	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	PD (X) Change()Addition DAVIDSON, MILTON W 1242 N. ANDREWS AVE.	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDRE ARTIS T 09/12/2002