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

## May 01, 2003 8:00 am g Secretary of State **DOCUMENT # 709683** 1. Entity Name 05-01-2003 90208 019 \*\*\*\*61.25 FIRST CHURCH OF GOD, INC., TITUSVILLE, FLORIDA Principal Place of Business Mailing Address 77 N. CARPENTER RD. 77 N. CARPENTER RD. TITUSVILLE FL 32796 TITUSVILLE FL 32796 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-1606967 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VEST, ROBERT JR Street Address 1297 ROBBINSWOOD DR **ROCKLEDGE FL 32955** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE egistered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE ☐ Delete TITI F ☐ Change PHILIPS, JANE NAME NAME 3967 TANGLE DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITUSVILLE FL 32796 Delete Addition TITLE Change TITLE egoru Hoffmann NAME KISER, KEITH NAME STREET ADDRESS STREET ADDRESS 2590 US 1 CITY-ST-ZIP CITY-ST-ZIP MIMS FL 32754 ☐ Delete TITLE TITLE ☐ Change ☐ Addition HOLLETT, GLEN NAME NAME STREET ADDRESS 8273 ROANNE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32817 TITLE ☐ Change Addition TITLE ☑ Delete NAME KISER, KATHIE NAME STREET ADDRESS STREET ADDRESS 2590 US HWY 1 3510 Grantline CITY-ST-ZIP CITY-ST-ZIP MIMS FL Mims, FL Delete TITLE ☐ Change Addition TITLE VEST. ROBERT NAME NAME Shirley Ratcliff 1297 ROBBINSWOOD DR STREET ADDRESS STREET ADDRESS hady Oaks Dr CITY-ST-ZIP CITY-ST-ZIP **ROCKLEDGE FL 32955** TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

FILED