

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 712121

1. Entity Name
REFORMATION CHURCH OF GOD, INC.

Principal Place of Business
705 N.W. 15TH AVE.
FT. LAUDERDALE FL 33311-7930

Mailing Address
705 N.W. 15TH AVE.
FT. LAUDERDALE FL 33311-7930

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 65-0053114

Applied For

Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, ELBERT SR
720 NW 15TH AVE
P O BOX 5428
FT LAUDERDALE FL 33311

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 PD
NAME WILLIAMS, ELBERT SR.
STREET ADDRESS 720 NW 15TH AVE
CITY-ST-ZIP FT LAUDERDALE FL 33311 ☐ Delete

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

TITLE VO
NAME ARTIS, ANDRE
STREET ADDRESS 11315 NW 43 PL
CITY-ST-ZIP CORAL SPRINGS FL ☐ Delete

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

TITLE SD
NAME JACKSON, MATTIE
STREET ADDRESS 2821 NW 26TH AVE
CITY-ST-ZIP OAKLAND PARK FL ☐ Delete

TITLE ☐ Change ☐ Addition
NAME Mattie Jackson
STREET ADDRESS 2853 N.W. 8th Ct.
CITY-ST-ZIP Ft. Lauderdale, FL 33311

TITLE
NAME RICHARDSON, THEODORE
STREET ADDRESS 4701 N.W. 20TH STREET
CITY-ST-ZIP LAUDERHILL FL ☐ Delete

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

TITLE M
NAME WILLIAMS, JOE W
STREET ADDRESS 160 NW 46TH TERR
CITY-ST-ZIP PLANTATION FL 33317 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: *Mattie Jackson* *Mattie B Jackson* Jan. 30, 2002

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90054 028 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)