

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 715469

FILED
Sep 20, 2002
Secretary of State

Entity Name: EVANGELICAL CHURCH OF GOD IN CHRIST CRUSADE OF FLORIDA , INC.

Current Principal Place of Business:

256 SW 8TH STREET
BELLE GLADE, FL 33430

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1126
BELLE GLADE, FL 33430

New Mailing Address:

FEI Number: 59-1788137

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POITIER, EARL C
256 SW 8TH STREET
BELLE GLADE, FL 33430

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POITIER, EARL C
Address: T-26 MANGO AVENUE
City-St-Zip: BELLE GLADE, FL 33430

Title: SD () Delete
Name: HUGGINS, MARTHA
Address: 715 MHP LOT 160
City-St-Zip: BELLE GLADE, FL 33430

Title: TD () Delete
Name: MOORE, MARY
Address: 1325 SW AVE
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: CARSON, CLARA B
Address: 1201 SW AVENUE
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: DICKINSON, MASDONIA
Address: 572 SW 7TH STREET
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: DALEY, CLARA
Address: 1240 NW AVE
City-St-Zip: BELLE GLADE, FL 33430

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: POITIER, DOROTHY A

D

09/20/2002

Electronic Signature of Signing Officer or Director

Date