

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90020 011 ****61.25

DOCUMENT # 718171

1. Entity Name

DAVIS TEMPLE CHURCH OF GOD IN CHRIST OF GIFFORD,

Principal Place of Business

Mailing Address

POST OFFICE BOX 2772
VERO BEACH FL 32961-2772

POST OFFICE BOX 2772
VERO BEACH FL 32961-2772

800790



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2350139

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

WOODS, ROBERT
4685 56TH AVENUE
VERO BEACH FL 32967

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
V	BELL, DESSIE, SR.	4876 29TH AVE.	VERO BEACH FL	<input type="checkbox"/>
DP	WOODS, ROBERT	4685 56TH AVE.	VERO BEACH FL	<input type="checkbox"/>
D	MALCOLM, WALTON	4585 48TH AVE	VERO BEACH FL	<input type="checkbox"/>
S	GAITHER, SANDRA	4655 52ND AVE	VERO BEACH FL 32967	<input type="checkbox"/>
D	BROWN, ALFONSO	1855 40TH AVE., APT. #2	VERO BEACH FL	<input type="checkbox"/>
D	ELIGHA PRYOR	4646 30TH AVE	VERO BCH FL	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

CR2E037 (9/99)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #