

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90116 007 ****61.25

DOCUMENT # 718171

1. Entity Name

DAVIS TEMPLE CHURCH OF GOD IN CHRIST OF GIFFORD,

Principal Place of Business

POST OFFICE BOX 2772
 VERO BEACH FL 32961-2772

Mailing Address

POST OFFICE BOX 2772
 VERO BEACH FL 32961-2772

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

59-2350139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**WOODS, ROBERT
 4685 56TH AVENUE
 VERO BEACH FL 32967**

7. Name and Address of New Registered Agent

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

TITLE **V** ☐ Delete
 NAME **BELL, DESSIE, SR.**
 STREET ADDRESS **4876 29TH AVE.**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE **DP** ☐ Delete
 NAME **WOODS, ROBERT**
 STREET ADDRESS **4685 56TH AVE.**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE **D** ☐ Delete
 NAME **MALCOLM, WALTON**
 STREET ADDRESS **4585 48TH AVE**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE **S** ☐ Delete
 NAME **GAITHER, SANDRA**
 STREET ADDRESS **4655 52ND AVE**
 CITY-ST-ZIP **VERO BEACH FL 32967**

TITLE **D** ☐ Delete
 NAME **BROWN, ALFONSO**
 STREET ADDRESS **1855 40TH AVE., APT. #2**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE **D** ☒ Delete
 NAME **WILLIAMS, GREG**
 STREET ADDRESS **4575 32 AVE**
 CITY-ST-ZIP **VERO BEACH FL 32962**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☒ Change ☐ Addition
 NAME **Mrs Williams**
 STREET ADDRESS **4575 32 AVE**
 CITY-ST-ZIP **VERO BEACH FL 32962**

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 and Type or Printed Name of Signing Officer or Director
1-14-3001

Date

Daytime Phone #

CR2E037 (10/00)