

DOCUMENT # 723660

1. Entity Name

COLLEGE PARK CHURCH OF GOD, INC.**FILED**
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90189 049 ****61.25

Principal Place of Business

Mailing Address

3140 SW 26TH STREET
OCALA FL 34474
US3140 SW 26TH STREET
OCALA FL 34474-3323
US

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

59-1674891

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRADLEY, DR. JAMES W
5274 SW 88TH PLACE
OCALA FL 34476

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 \$61.259. 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 ☒ Delete
NAME KINZER, DENNIS
STREET ADDRESS 5450 SE 43RD CT
CITY-ST-ZIP Ocala FL 34480TITLE PD ☒ Change ☐ Addition
NAME JORANLIEN, DARRYL
STREET ADDRESS 450 NW 42 ST
CITY-ST-ZIP Ocala, FL 34475TITLE VT ☒ Delete
NAME FOSTER, RUSS
STREET ADDRESS 6000 SE 57 AVE
CITY-ST-ZIP Ocala FL 34474TITLE VT ☒ Change ☐ Addition
NAME YAKULEVICH, JOHN
STREET ADDRESS 4913 SE 32 CT
CITY-ST-ZIP Ocala FL 34480TITLE T ☒ Delete
NAME SIYUFY, FRED
STREET ADDRESS 4700 SE 40 CT
CITY-ST-ZIP Ocala FL 34480TITLE T ☒ Change ☐ Addition
NAME SPRAGUE, SANDRA
STREET ADDRESS 1826 SW 34 CT
CITY-ST-ZIP Ocala FL 34474TITLE ST ☒ Delete
NAME WOLFORD, ELMER
STREET ADDRESS 205 SE 32 AVE
CITY-ST-ZIP Ocala FL 34471TITLE ST ☒ Change ☐ Addition
NAME COBLE, LINDA
STREET ADDRESS 5704 SW 108 ST
CITY-ST-ZIP Ocala FL 34476TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-13-00

352-351-2175

CR2E037 (9/99)