

# 2001 UNIFORM BUSINESS REPORT (UBR)

2/1

**FILED**  
**Mar 06, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90082 029 \*\*\*\*61.25

**DOCUMENT # 723660**

1. Entity Name

**COLLEGE PARK CHURCH OF GOD, INC.**

Principal Place of Business

3140 SW 26TH STREET  
OCALA FL 34474  
US

Mailing Address

3140 SW 26TH STREET  
OCALA FL 34474  
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**

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

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

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:**  
**FEES 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  
**PD**  
**JORANLIEN, DARRYL**  
**450 NW 42 ST**  
**OCALA FL 34475** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VT**  
**YAKULEVICH, JOHN**  
**4913 SE 32 CT**  
**OCALA FL 34480** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VOT** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Delete  
**SPRAGUE, SANDRA**  
**1826 SW 34 CT**  
**OCALA FL 34474**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/C/D** ☐ Change ☒ Addition  
**Kevin Goodenow**  
**5027 SE 37th Ave.**  
**Ocala, FL 34480**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ST**  
**COBLE, LINDA**  
**5704 SW 108 ST**  
**OCALA FL 34476** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SOT** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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**  
**Darryl J. Joranlien**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/9/01** **(352)237-2247**  
Date Daytime Phone #

CR2E037 (10/00)