## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # 725292** 1. Entity Name

## THE GENERAL ASSEMBLY OF THE CHURCH OF GOD FOR TH

211 DOCSIDENTS DOWE DOCCIDENTS DONE

Mailing Address

FILED
Mar 02, 2000 8:00 am
Secretary of State
03-02-2000 90178 048 \*\*\*\*61.25

AKE WALES FL 33859 JS  2. Principal Place of Business  Suite, Apt. #, etc.		LAKE WALES FL 33853-7943 US  3. Mailing Address  Suite, Apt. #, etc.			C0028853					
City & State	e	City & State			FA 407F074				plied For t Applicable	}
Zip	Country	Zip Co.		untry 5. Certificate		e of Status Desired		\$8.75 Additional Fee Required		
	6. Name and Address of Current F	_	7. Name and Address of New Registered Agent							
				Name						
BOEDEKER, JOHN E.				Street Address (P.O. Box Number is Not Acceptable)						
	r, Juhn E. Florence Drive North			<u> </u>					_ <del>_</del> _	┨
	IAVEN FL 33884			}	_		_			]
771141 Est 11	AVEN TE GOODY			City			FL	Zip Code	)	l
	named entity submits this statement for	the number of shapeing i	ito rogistore	ad office or regis	fored agent or both	in the state of Florid				1
SIGNATURE.	Signature, typed or printed name of registered agent a	nd title if applicable. (No	OTE Registere	d Agent signature requ	ired when reinstating)		DATE			
	FILE NOW: FEE IS \$61.25				00 May Be Make Check Payable to Department of State					
10.	OFFICERS AND DIR	ECTORS	11.		ADDITIONS/CHA	NGES TO OFFICERS	AND DIR	ECTORS IN	10	1
TITLE	D * * 1 2 12 12 12 13 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Delete	TITL					Change	Addition	Ó
NAME	HILLIGOSS, JACK	2010(0	NAM	E						9
STREET ADDRESS	405 E. SEMINOLE AVE			EET ADDRESS						2E037
CITY-ST-ZIP	LAKE WALES FL 33853	<u>,                                      </u>	CITY	-ST-ZIP		<del></del>				18
TITLE	D	☐ Delete	TITL					☐ Change	☐ Addition	2
NAME	BISH, KEN		NAM	l l						
STREET ADDRESS CITY-ST-ZIP	5330 LAKELAND HIGHLANDS RD	•	- 6	ET ADDRESS   -ST-ZIP						(
	LAKELAND FL 33813		TITL				_	☐ Change	Addition	1
ritle Name	HUEBNER, DENNIS W.	T Delete	NAM					المارية المارية		
STREET ADDRESS	18322 SWAN LK DR.		STRE	EET ADDRESS						ì
CITY-ST-ZIP	LUTZ FL 33549		CITY	-ST-ZIP		<u></u> .				1
TITLE	D	☐ Delete	TITL	Ε				☐ Change	Addition	
NAME	WILLIAMS, ELBERT		NAM							l
STREET ADDRESS	P.O. BOX 5426			EET ADDRESS   '-ST-ZIP						1
CITY-ST-ZIP	FT. LAUDERDALE FL 33310	<u>_</u>							T Addition	$\left\{ \right.$
TITLE	D DOCUERED JOHN	☐ Delete	, TITL NAM	1				☐ Change	Addition	
NAME BOEDEKER, JOHN STREET ADDRESS 115 LAKE FLORENCE DRIVE NORTH				EET ADDRESS						Ì
CITY-ST-ZIP	WINTER HAVEN FL 33884	1111		-ST-ZIP						
TITLE	D		TITL	E				Change	Addition	1
NAME	FASEL, TERRY		NAM	l l				•		
STREET ADDRESS	427 HESPERIDES RD.			EET ADDRESS						
CITY-ST-ZIP	LAKE WALES FL 33853			-ST-ZIP		<del></del>				
12. I hereby	certify that the information supplied with	this filing does not qualify	for the exe	emption stated in	Section 119.07(3)(i)	, Florida Statutes. I fu	irther cert	ify that the in	nformation	i

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: