

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90196 023 ****61.25

DOCUMENT # 725292

1. Entity Name

THE GENERAL ASSEMBLY OF THE CHURCH OF GOD FOR TH

Principal Place of Business

**211 PRESIDENTS DRIVE
 LAKE WALES FL 33859
 US**

Mailing Address

**P.O. Box 192
 LAKE WALES FL 33859
 US**

2. Principal Place of Business

3. Mailing Address

P.O. Box 192

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LAKE WALES, FLA.

City & State

City & State

33859

FLA.

Zip

Country

Zip

Country

4. FEI Number

59-1675074

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

**BOEDEKER, JOHN E.
 115 LAKE FLORENCE DRIVE NORTH
 WINTER HAVEN FL 33884**

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

John E. Boedeker

1-18-01

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 **D** ☒ Delete
 NAME **BISH, KEN**
 STREET ADDRESS **5330 LAKELAND HIGHLANDS RD.**
 CITY-ST-ZIP **LAKELAND FL 33813**

TITLE **D** ☒ Change ☐ Addition
 NAME **BRUCE HAMILTON**
 STREET ADDRESS **33741 S. HAINES CREEK ROAD**
 CITY-ST-ZIP **LEESBURG, FL. 34789**

TITLE **D** ☒ Delete
 NAME **HUEBNER, DENNIS W.**
 STREET ADDRESS **18322 SWAN LK DR.**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D** ☒ Change ☐ Addition
 NAME **GREG SEMPEROTT**
 STREET ADDRESS **10120 DOGWOOD AVE**
 CITY-ST-ZIP **PALE BEACH GARDENS, FL. 33410**

TITLE **D** ☐ Delete
 NAME **WILLIAMS, ELBERT**
 STREET ADDRESS **P.O. BOX 5426**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33310**

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

TITLE **D** ☐ Delete
 NAME **BOEDEKER, JOHN**
 STREET ADDRESS **115 LAKE FLORENCE DRIVE NORTH**
 CITY-ST-ZIP **WINTER HAVEN FL 33884**

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

TITLE **D** ☐ Delete
 NAME **FASEL, TERRY**
 STREET ADDRESS **427 HESPERIDES RD.**
 CITY-ST-ZIP **LAKE WALES FL 33853**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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:

John E. Boedeker
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-01 638-1134

CR2E037 (10/00)