2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State
04-02-2003 90095 025 ****61.25

DOCUMENT # 726729

1. Entity Name
CHURCH OF GOD (SEVENTH DAY) OF CENTRAL FLORIDA, INC.

10053326

Principal Place of Business	Mailing Address
ATTN: STEVEN L. KYNER 27 S. 5TH STREET HAINES CITY, FL 33844 US	ATTN: MACON STROUPE PO BOX 849 HAINES CITY FL 33845 US

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
ATTN: NEIL HENRY	
Suite, Apt. #, etc.: 12600 PARKBURY DRIVE	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State
Zip: 32828 Country: US	Zip Country

4. FEI Number 59-1481495 ☐ 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
BRANN, BRUCE M. 9525 SR 535 ORLANDO FL 32836	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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STROUPE MACON 1604 ROBINSON DRIVE HAINES CITY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HINTON, DIANA 3015 EAGLE LAKE DRIVE ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MCDOWELL, ROSE D. 1315 MOSS ST HAINES CITY FL	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LAVERNE NELSON 3985 ORKNEY AVE ORLANDO, FL 32809	■ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DEMCHAK, JUANITA 4427 GINNY DRIVE LAKELAND FL 33801	■ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KATHERINE LOGAN 323 FOREST CREST CT OCOEE, FL 34761	■ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STROUPE, NILA G. 1604 ROBINSON DRIVE HAINES CITY FL	☐ 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

CR2E037 (10/02)

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: Macon D. Stroupe 2-15-03 863-422-8661