

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

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90837 008 ****61.25

DOCUMENT # 726905

1. Entity Name

THE FIRST CHURCH OF GOD, EUSTIS, FLORIDA



Principal Place of Business

**1550 NORTH STATE ROAD 19
P O BOX 1834
EUSTIS FL 32726**

Mailing Address

**1550 NORTH STATE ROAD 19
P O BOX 1834
EUSTIS FL 32726**

60000733



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1903767**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**HOLDER, RONALD E.
37421 MYRTLE DRIVE
UMATILLA FL 32784**

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 **P** ☐ Delete
NAME **HOLDER, RONALD E**
STREET ADDRESS **37421 MYRTLE DRIVE**
CITY-ST-ZIP **UMATILLA FL**

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

TITLE **VP** ☐ Delete
NAME **GILLOTTI, VIRGIL**
STREET ADDRESS **32647 PALM AVE**
CITY-ST-ZIP **TAVARES FL 32778**

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

TITLE **T** ☒ Delete
NAME **STROCHANSKY, LORRAINE**
STREET ADDRESS **220 E. COLLINS ST., APT. 1G**
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE ☐ Change ☐ Addition
NAME **HAYES, JANIE**
STREET ADDRESS **16133 LENORD RD**
CITY-ST-ZIP **UMATILLA, FL 32784**

TITLE **SD** ☐ Delete
NAME **SHERRY, DALE**
STREET ADDRESS **2202 TOPPING PLACE**
CITY-ST-ZIP **EUSTIS FL**

TITLE ☐ Change ☐ Addition
NAME **S. WATSON, GRACE**
STREET ADDRESS **510 WINOGENE AVE**
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE **D** ☐ Delete
NAME **WATSON, DON**
STREET ADDRESS **510 WINOGENE AVE**
CITY-ST-ZIP **UMATILLA FL 32784**

TITLE ☐ Change ☐ Addition
NAME **D WATSON, DON**
STREET ADDRESS **510 WINOGENE AVE**
CITY-ST-ZIP **UMATILLA, FL 32784**

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:

Ronald Holder

Ronald Holder

1/8/2003 352-357-0048

CR2E037 (10/02)