

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90039 050 ****61.25

DOCUMENT # 727035

1. Entity Name

FIRST CHURCH OF GOD OF FORT PIERCE, INC.

Principal Place of Business

**3453 SUNRISE BLVD.
 FORT PIERCE FL 34982**

Mailing Address

**3453 SUNRISE BLVD.
 FORT PIERCE FL 34982**

975251



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2355875

Applied For

Not Applicable

Zip

Country

Zip

Country

34982-6576

34982-6576

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

**SHEETS, JEAN
 801 S JENKINS RD
 FORT PIERCE FL 34947**

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

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 | SD | <input checked="" type="checkbox"/> Delete |
| NAME | JONES, JERI | |
| STREET ADDRESS | 7105 SANTA ROSA PKWY | |
| CITY-ST-ZIP | FORT PIERCE FL 34951 | |
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | JEAN, SHEETS | |
| STREET ADDRESS | 801 SOUTH JENKINS RD | |
| CITY-ST-ZIP | FORT PIERCE FL 34947 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | KEVIN, BAILEY L | |
| STREET ADDRESS | 6386 41ST ST | |
| CITY-ST-ZIP | VERO BEACH FL 32967 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|----------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Sheets, Jean | |
| STREET ADDRESS | 801 South Jenkins Road | |
| CITY-ST-ZIP | Fort Pierce, FL 34947-1559 | |
| TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Bailey, Kevin L. | |
| STREET ADDRESS | 6386 41st Street | |
| CITY-ST-ZIP | Vero Beach, FL 32967-8850 | |
| TITLE | S | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Gaither, Judy V. | |
| STREET ADDRESS | 3453 Sunrise Blvd. | |
| CITY-ST-ZIP | Fort Pierce, FL 34982-6576 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Bailey, Herbert L. | |
| STREET ADDRESS | 594 Acacia Road | |
| CITY-ST-ZIP | Vero Beach, FL 32963-1752 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Kevin L. Bailey, Treas. 05/01/01 561.567.0829

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)