

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90012 048 ****70.00

DOCUMENT # 728983

1. Entity Name

THE CHURCH OF WISDOM, INC.

Principal Place of Business

Mailing Address

SILVER MINE ROAD
 PO BOX 70
 MCCAYSVILLE GA 30555

SILVER MINE ROAD
 PO BOX 70
 MCCAYSVILLE GA 30555-0070

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6539490

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

0001000J



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEOPLES, ANITA
 9503 S.W. 148TH AVE.
 MIAMI FL 33196

Name **PATRICIA HAYES**

Street Address (P.O. Box Number is Not Acceptable)

27757 HICKORY BLVD.

City **BONITA SPRINGS** FL Zip Code **34134**

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 **PATRICIA HAYES, PRESIDENT**

Patricia Hayes

2/9/00

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	PD	<input type="checkbox"/> Delete
NAME	HAYES, PATRICIA	
STREET ADDRESS	P.O. BOX 70 N/A	
CITY-ST-ZIP	MCCAYSVILLE GA	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	SMITH, MARSHALL L.	
STREET ADDRESS	P.O. BOX 70 N/A	
CITY-ST-ZIP	MCCAYSVILLE GA	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HAYES, KELLY	
STREET ADDRESS	P.O. BOX 489 N/A	
CITY-ST-ZIP	MCCAYSVILLE GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **SIGNATURE**

2/9/00

948-944-1078
706-442-3839

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)