

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90057 008 \*\*\*\*\*70.00

17408

**DOCUMENT # 728983**  
 1. Entity Name  
**THE CHURCH OF WISDOM, INC.**

Principal Place of Business SILVER MINE ROAD PO BOX 70 MCCAYSVILLE GA 30555	Mailing Address SILVER MINE ROAD PO BOX 70 MCCAYSVILLE GA 30555
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UUU18343



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>940 SILVER MINE ROAD</b> Suite, Apt. #, etc. <b>P.O. Box 70</b> City & State <b>MCCAYSVILLE, GA</b> Zip <b>30555</b> Country <b>USA</b>	3. Mailing Address <b>940 SILVER MINE ROAD</b> Suite, Apt. #, etc. <b>P.O. Box 70</b> City & State <b>MCCAYSVILLE, GA</b> Zip <b>30555</b> Country <b>USA</b>
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4. FEI Number <b>59-6539490</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**HAYES, PATRICIA**  
**27757 HICKORY BLVD**  
**BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Marshall L. Smith* **MARSHALL L. SMITH** 1/31/01 706 492 2772  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)