

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 728983

FILED  
Feb 26, 2002 8:00 AM  
Secretary of State

Entity Name: THE CHURCH OF WISDOM, INC.

**Current Principal Place of Business:**

940 SILVER MINE ROAD  
PO BOX 70  
MCCAYSVILLE, GA 30555 US

**New Principal Place of Business:**

**Current Mailing Address:**

940 SILVER MINE ROAD  
PO BOX 70  
MCCAYSVILLE, GA 30555 US

**New Mailing Address:**

FEI Number: 59-6539490      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

HAYES, PATRICIA  
27757 HICKORY BLVD  
BONITA SPRINGS, FL 34134 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: HAYES, PATRICIA,  
Address: P.O. BOX 70 N/A  
City-St-Zip: MCCAYSVILLE, GA

Title: VSD ( ) Delete  
Name: SMITH, MARSHALL L.,  
Address: P.O. BOX 70 N/A  
City-St-Zip: MCCAYSVILLE, GA

Title: TD ( ) Delete  
Name: HAYES, KELLY,  
Address: P.O. BOX 489 N/A  
City-St-Zip: MCCAYSVILLE, GA

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA HAYES

PRES

02/26/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date