2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State
08-20-2002 90132 010 ****61.25

DOCUMENT # 732298

1. Entity Name

SHADY GROVE CHURCH OF THE APOSTOLIC FAITH OF MT. DORA, FLORIDA, INC.

Principal Place of Business	Mailing Address
1906 NORTH HIGHLAND STREET MOUNT DORA FL 32757	POST OFFICE BOX 655 MOUNT DORA FL 32757

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Shady Grove church of Apostolic F	P.O. Box 655
Suite, Apt. #, etc.: 1811 N Highland St	Suite, Apt. #, etc.
City & State: Mount Dora, Florida	City & State: Mount Dora Fla
Zip: 32757 Country:	Zip: 32757 Country: United States American

4. FEI Number: 59-1607959 ☐ Applied For ☐ Not Applicable

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
JONES, RONALD 412 E ROSEWOOD LANE TAVARES FL 32778	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

After September 13, 2002, min. will be $236.25.

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HARRIS, MILDRED DORAN 1811 NORTH HIGHLAND ST MT. DORA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD TEEMER, THOMAS 704 HAMILTON STREET NEW SMYRNA BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JONES, RONALD 301 E ROSEWOOD LN TAVARES FL 32778 →	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500 N. Center St. #4 Eustis, FL 32726	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (4/02)

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.

SD
SIGNATURE: Mildred Harris 8-15-2002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SD
Mildred Harris
TYPED OR PRINTED NAME AND TITLE, IF REQUIRED