

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90106 039 ****61.25

DOCUMENT # 733456

1. Entity Name

EMANUEL CHURCH OF THE LIVING GOD, THE PILLOR AND
GROUND OF THE TRUTH, INC.

Principal Place of Business

438 W 6TH ST
AVON PARK FL 33825
US

Mailing Address

1805 E. WARREN ST.
PLANT CITY FL 33566

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

59-1655911

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

REAVES, ELDER EMANUEL
1805 E WARREN ST
PLANT CITY FL 33566

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: 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 T ☐ Delete
NAME GLOVER, EARNESTINE
STREET ADDRESS 7336 THOMAS JEFFERSON CIRCLE
CITY-ST-ZIP BARTOW FL 33830

P ☐ Change ☐ Addition
NAME EMANUEL Reaves
STREET ADDRESS 1805 E. Warren St.
CITY-ST-ZIP Plant City, FL 33566

TITLE VD ☒ Delete
NAME REAVES, HEROLD W ELDER
STREET ADDRESS 1302 E CALHOUN STREEET
CITY-ST-ZIP AVON PARK FL 32566

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME HIPPS, EDD H JR
STREET ADDRESS 531 FRANK GRIFFIN AVE
CITY-ST-ZIP PLANT CITY FL 33566

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME HIPPS, MARY
STREET ADDRESS 531 FRANK GRIFFIN AVE
CITY-ST-ZIP PLANT CITY FL 33566

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/02

813-754-2131

Date

Daytime Phone #

CR2E037 (9/01)