

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

DOCUMENT # 735045

1. Entity Name

CHURCH OF GOD IN CHRIST - FLORIDA WESTERN, INC.



05-01-2003 90521 001 ***122.50

Principal Place of Business

Mailing Address

**401 S. IVEY LANE
ORLANDO FL 32811
US**

**401 S. IVEY LANE
ORLANDO FL 32811
US**

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 **59-2343450**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BELL, H. JENKINS BISHOP
8014 RURAL RETREAT COURT
ORLANDO FL 32819**

*Byron Stevens
1301 E. Bay St.
Winter Garden, FL
34787*

*Bryan, Harvey David
Street Address (P.O. Box Number is Not Acceptable)
1700 NW 27th Terr.*

City *Fort Lauderdale, FL* FL Zip Code *33311*

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

Byron D. Stevens *Byron D. Stevens*

4/27/2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	BD	<input checked="" type="checkbox"/> Delete
NAME	BELL, BISHOP H	
STREET ADDRESS	8014 RURAL RETREAT CT	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	BT	<input type="checkbox"/> Delete
NAME	BRYAN, HARVEY	
STREET ADDRESS	1700 NW 27TH TERR	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	BT	<input type="checkbox"/> Delete
NAME	NESBITT, SAMUEL	
STREET ADDRESS	1241 W. 9TH ST.	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	ET	<input type="checkbox"/> Delete
NAME	LEWIS, CHARLES E	
STREET ADDRESS	2105 9TH CT. N.E.	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
TITLE	ET	<input type="checkbox"/> Delete
NAME	WOOTSON, TOMMY	
STREET ADDRESS	617 SCOTT ST.	
CITY-ST-ZIP	CLERMONT L FL 34711	
TITLE	ET	<input type="checkbox"/> Delete
NAME	LINGO, JOHNNY	
STREET ADDRESS	78 ARGOS AVE.	
CITY-ST-ZIP	ORLANDO FL 32811	

TITLE	BD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bryan, Harvey	
STREET ADDRESS	1700 NW 27th Terr	
CITY-ST-ZIP	Fort Lauderdale 33311	
TITLE	BD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Byron Stevens	
STREET ADDRESS	1301 S. Bay Street	
CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE	BT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Byron Stevens	
STREET ADDRESS	1301 S. Bay Street	
CITY-ST-ZIP	Winter Garden, FL 34787	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Byron Stevens *Byron Stevens* *4/27/2003*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # *407-381*

CR2E037 (10/02)