

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 736945

1. Entity Name

CHURCH WITH GOD AND CHRIST OF ALACHUA, FLORIDA,

Principal Place of Business

615 SE MARTIN LUTHER KING
HIGH SPRINGS FL 32616

Mailing Address

P.O. BOX 194
ALACHUA FL 32616

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2892729

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CURTIS, HIRAM B.
15620 W 134 TERRACE
P.O. BOX 194
ALACHUA FL 32616

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 *Hiram B Curtis SR*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Hiram B Curtis 3/28/01

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

TITLE	P	<input type="checkbox"/> Delete
NAME	CURTIS, HIRAM B SR.	
STREET ADDRESS	15620 W 134 TERR	
CITY-ST-ZIP	ALACHUA FL 32616	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CURTIS, ANTHONY H	
STREET ADDRESS	15620 W 134 TERR	
CITY-ST-ZIP	ALACHUA FL 32616	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURTIS, MICHAEL H	
STREET ADDRESS	15620 W 134 TERRACE	
CITY-ST-ZIP	ALACHUA FL 32616	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CURTIS, MAURICE H	
STREET ADDRESS	15620 W 134TH TERR	
CITY-ST-ZIP	ALACHUA FL 32616	
TITLE	T	<input type="checkbox"/> Delete
NAME	CURTIS, DAVID	
STREET ADDRESS	7523 NW COUNTY ROAD 235	
CITY-ST-ZIP	ALACHUA FL 32616	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, ELOUISE	
STREET ADDRESS	154 MERRILWOOD	
CITY-ST-ZIP	ALACHUA FL 32616	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	
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	
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: *Hiram B Curtis SR*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-01 (386)462-9035

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)