

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737056

1. Entity Name

HOUSE OF GOD SAINTS IN CHRIST, INC.

Principal Place of Business

1129 WHITNEY AVENUE  
P.O. BOX 4003  
ALBANY GA 31706-4003

Mailing Address

P.O. BOX 9962  
JACKSONVILLE FL 32208-0962

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

58-1287672

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

MOORE, LORENZO BISHOP  
5663 INTERNATIONAL DRIVE  
JACKSONVILLE FL 32219

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 PD  
NAME MOORE, LORENZO BISHOP  
STREET ADDRESS 5663 INTERNATIONAL DRIVE  
CITY-ST-ZIP JACKSONVILLE FL 32219 ☐ Delete

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

TITLE DT  
NAME GILSEY, JAMES BISHOP  
STREET ADDRESS RT. 3, BOX 4435  
CITY-ST-ZIP FOLKSTON GA 31537 ☐ Delete

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

TITLE DS  
NAME FORD, GUS C BIS.  
STREET ADDRESS 2283 SARATOGA DRIVE  
CITY-ST-ZIP DECATUR GA 30032 ☐ Delete

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

TITLE D  
NAME LITMAN, ALTON BISHOP  
STREET ADDRESS 605 SUGAR STREET  
CITY-ST-ZIP TIFTON GA 31794 ☐ Delete

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

TITLE D  
NAME MOORE, LORENZO  
STREET ADDRESS 5663 INTERNATIONAL DRIVE  
CITY-ST-ZIP JACKSONVILLE FL ☐ 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

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 of Lorenzo Moore*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Mar 16, 2000 8:00 am  
Secretary of State

03-16-2000 90003 018 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)