

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90244 046 ****61.25

0011334

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

2. Principal Place of Business

1005 ODESSA STREET

3. Mailing Address

P.O. BOX 9962

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

Country

32206

Zip

Country

32208

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

MOORE, LORENZO BISHOP
5663 INTERNATIONAL DRIVE
JACKSONVILLE FL 32219

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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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 a address, with all other like empowered.

SIGNATURE:

LORENZO BISHOP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-2001

CR2E037 (10/00)