

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **737056**

1. Entity Name

HOUSE OF GOD SAINTS IN CHRIST, INC.

Principal Place of Business

Mailing Address

**1005 ODESSA STREET
JACKSONVILLE FL 32208**

**P.O. BOX 9962
JACKSONVILLE FL 32208**

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

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

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

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

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

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

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

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

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

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:

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

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90034 022 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)