

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90025 009 ****61.25

DOCUMENT # 737835

1. Entity Name

CHURCH OF GOD IN CHRIST OF LUMBERTON, INC.

Principal Place of Business

Mailing Address

LUMBERTON ROAD
 PO BOX 1482
 ZEPHYRHILLS FL 33539-1482

LUMBERTON ROAD
 PO BOX 1482
 ZEPHYRHILLS FL 33539-1482

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

50-1440061

Applied For

Not Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

905792



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOPER KING, D
701 PENNSYLVANIA ST
APT. 309
PLANT CITY FL 33566

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:
FEES ARE \$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	D	<input type="checkbox"/> Delete
NAME	COLEMAN, BEULAH	
STREET ADDRESS	20631 WORMACK RD	
CITY-ST-ZIP	LACOOCHEE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BROWN, GLORIA J	
STREET ADDRESS	801 W. MADISON STREET	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BROCKINGTON, MACK	
STREET ADDRESS	2907 CHURCH ROAD	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COOPER, CARLTON M JR.	
STREET ADDRESS	1303 W. BATES CT.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	MCKENZIE, EVANTHONY	
STREET ADDRESS	6579 FOXTREE LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SAMPSON, OLLIE M	
STREET ADDRESS	7427 LENA CIRCLE	
CITY-ST-ZIP	ZEPHYRHILLS FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	David Jones		
STREET ADDRESS	1125 Galloway Rd		
CITY-ST-ZIP	Lakeland, FL		
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: *Gloria J Brown SD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/00