

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90018 048 ****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 Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



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 **McKenzie, Alvin T**
 Street Address (P.O. Box Number is Not Acceptable) **726 Ponderosa Dr W**
 City **Lakeland** FL Zip Code **33810**

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 *Alvin T McKenzie* **Alvin T McKenzie** **3/25/01**
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 NAME	D COLEMAN, BEULAH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	20631 WORMACK RD	
CITY-ST-ZIP	LACOOCHEE FL	
TITLE NAME	SD BROWN, GLORIA J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	801 W. MADISON STREET	
CITY-ST-ZIP	PLANT CITY FL	
TITLE NAME	VD BROCKINGTON, MACK	<input type="checkbox"/> Delete
STREET ADDRESS	2907 CHURCH ROAD	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE NAME	D COOPER, CARLTON M JR.	<input type="checkbox"/> Delete
STREET ADDRESS	1303 W. BATES CT.	
CITY-ST-ZIP	PLANT CITY FL	
TITLE NAME	PTD MCKENZIE, EVANTHONY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6579 FOXTREE LANE	
CITY-ST-ZIP	LAKELAND FL	
TITLE NAME	D SAMPSON, OLLIE M	<input type="checkbox"/> Delete
STREET ADDRESS	7427 LENA CIRCLE	
CITY-ST-ZIP	ZEPHYRHILLS FL	

TITLE NAME	P Alvin T McKenzie	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	726 Ponderosa Dr W	
CITY-ST-ZIP	Lakeland FL 33810	
TITLE NAME	D Kareen Chatman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	105 Burchwood Ave	
CITY-ST-ZIP	Plant City FL 33565	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Alvin T McKenzie* **Alvin T McKenzie** **3/25/01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)