

# 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

LUMBERTON ROAD  
PO BOX 1482  
ZEPHYRHILLS FL 33539-1482

Mailing Address

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

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  
STREET ADDRESS  
20631 WORMACK RD  
CITY-ST-ZIP  
LACOOCHIEE FL ☒ Delete

TITLE  
NAME  
SD  
BROWN, GLORIA J  
STREET ADDRESS  
801 W. MADISON STREET  
CITY-ST-ZIP  
PLANT CITY FL ☒ Delete

TITLE  
NAME  
VD  
BROCKINGTON, MACK  
STREET ADDRESS  
2907 CHURCH ROAD  
CITY-ST-ZIP  
ZEPHYRHILLS FL ☐ Delete

TITLE  
NAME  
D  
COOPER, CARLTON M JR.  
STREET ADDRESS  
1303 W. BATES CT.  
CITY-ST-ZIP  
PLANT CITY FL ☐ Delete

TITLE  
NAME  
PTD  
MCKENZIE, EVANTHONY  
STREET ADDRESS  
6579 FOXTREE LANE  
CITY-ST-ZIP  
LAKELAND FL ☒ Delete

TITLE  
NAME  
D  
SAMPSON, OLLIE M  
STREET ADDRESS  
7427 LENA CIRCLE  
CITY-ST-ZIP  
ZEPHYRHILLS FL ☐ Delete

TITLE  
NAME  
P  
Alvin T McKenzie  
STREET ADDRESS  
726 Ponderosa Dr W  
CITY-ST-ZIP  
Lakeland FL 33810 ☐ Change ☒ Addition

TITLE  
NAME  
D  
Kareen Chatman  
STREET ADDRESS  
105 Burchwood Ave  
CITY-ST-ZIP  
Plant City FL 33565 ☐ Change ☒ Addition

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

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

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

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:

*Alvin T McKenzie*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/25/01

CR2E037 (10/00)