

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739739

1. Entity Name

FIRST CHURCH OF GOD OF MIDDLEBURG, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90034 040 ****61.25

Principal Place of Business

Mailing Address

3965 OLD JENNINGS ROAD
MIDDLEBURG FL 32068

3965 OLD JENNINGS ROAD
MIDDLEBURG FL 32068-3739
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2155034

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

MCLAIN, JESSE
3965 OLD JENNINGS RD.
MIDDLEBURG FL 32068

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 VD
NAME HIERS, STEVE
STREET ADDRESS 4152 MUSTANG RD
CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Delete

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

TITLE
NAME MIDDLETON, CAROL
STREET ADDRESS 3086 JOE JOHNS RD.
CITY-ST-ZIP MIDDLEBURG FL ☒ Delete

TITLE
NAME Karen Hiers
STREET ADDRESS 3494 Citation Dr.
CITY-ST-ZIP Green Cove Springs, FL 32043 ☒ Addition

TITLE SD
NAME MEGGS, AMY
STREET ADDRESS 3084 JOE JOHNS RD.
CITY-ST-ZIP MIDDLEBURG FL ☐ Delete

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

TITLE PD
NAME MCLAIN, JESSE
STREET ADDRESS 3965 OLD JENNINGS RD.
CITY-ST-ZIP MIDDLEBURG FL ☐ Delete

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

TITLE TD
NAME HIERS, KAREN
STREET ADDRESS 3494 CITATION DR
CITY-ST-ZIP GREEN COVE SPGS FL 32043 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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: *[Signature]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/31/00

CR2E037 (9/99)