

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90054 042 ****61.25

DOCUMENT # 740488

1. Entity Name

INDEPENDENT CHURCH OF GOD, BROTHERHOOD, INC.

Principal Place of Business

Mailing Address

4831 PARCH RD
 MILTON FL 32583
 US

4831 PARCH RD
 MILTON FL 32570-5221
 US

0 6 0 0 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1841365

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

KENNEDY, JOHNNIE M.
4645 GUNTER RD
MILTON FL 32570

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, KIRK EUGENE		NAME		
STREET ADDRESS	109 W WALKER ST		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 00000 32570		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, LOETTA		NAME		
STREET ADDRESS	19227 BELL ROAD		STREET ADDRESS		
CITY-ST-ZIP	FAIRHOPE AL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, LOETTA		NAME		
STREET ADDRESS	19227 BELL RD		STREET ADDRESS		
CITY-ST-ZIP	FAIRHOPE, AL 00000		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, JOHNNIE M		NAME		
STREET ADDRESS	4645 GUNTER RD		STREET ADDRESS		
CITY-ST-ZIP	MILTON, FL 00000		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, WESLEY		NAME		
STREET ADDRESS	19227 BELL RD		STREET ADDRESS		
CITY-ST-ZIP	FAIRHOPE, AL 00000		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, KATHRINE		NAME		
STREET ADDRESS	19227 BELL RD		STREET ADDRESS		
CITY-ST-ZIP	FAIRHOPE AL		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: SIGNATURE REQUIRED

Loetta Bell

Loetta Bell 3-1-2000 334 928-7864

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 19/999