

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90113 006 \*\*\*\*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 32583  
 US

AU030245



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	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENNEDY, KIRK EUGENE</b>	NAME	
STREET ADDRESS	<b>109 W WALKER ST</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MILTON, FL 00000 32570</b>	CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELL, LOETTA</b>	NAME	
STREET ADDRESS	<b>19227 BELL ROAD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FAIRHOPE AL</b>	CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELL, LOETTA</b>	NAME	
STREET ADDRESS	<b>19227 BELL RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FAIRHOPE, AL 00000</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KENNEDY, JOHNNIE M</b>	NAME	
STREET ADDRESS	<b>4645 GUNTER RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>MILTON, FL 00000</b>	CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELL, WESLEY</b>	NAME	
STREET ADDRESS	<b>19227 BELL RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FAIRHOPE, AL 00000</b>	CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BELL, KATHRINE</b>	NAME	
STREET ADDRESS	<b>19227 BELL RD</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>FAIRHOPE AL</b>	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: *Loetta Bell* **Loetta Bell** 3-3-01 334 928-7864  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)