

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-28-2002 91512 046 ****61.25

DOCUMENT # 741871

1. Entity Name

REFRESHING SPRING CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

Mailing Address

2821 NW 15TH STREET
 FT LAUDERDALE FL 33311
 US

P.O. BOX 573
 FT LAUDERDALE FL 33311
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

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

BELLAMY, LARRY
5200 NW 14TH PLACE
LAUDERHILL FL 33313

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 NAME	PD BELLAMY, LARRY	<input type="checkbox"/> Delete
STREET ADDRESS	5200 N.W. 14 PLACE	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE NAME	CD BELLAMY, GEORGIE L	<input type="checkbox"/> Delete
STREET ADDRESS	5200 N.W. 14 PLACE	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE NAME	VCD JOHNSON, DWIGHT	<input type="checkbox"/> Delete
STREET ADDRESS	2310 N.W. 32 TERR	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE NAME	SD O'CONNER, SHAR'RON	<input type="checkbox"/> Delete
STREET ADDRESS	3281 N.W. 18ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE NAME	D KAIGLER, DELPHIA	<input type="checkbox"/> Delete
STREET ADDRESS	300 N.W. 38TH AVE.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE NAME	D THOMPSON, JAMES	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1806 NW 15 WAY	
CITY-ST-ZIP	FT. LAUDERDALE FL	

TITLE NAME	D Faison Frankie	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3830 NW 8CT.	
CITY-ST-ZIP	FT LAUDERDALE, FL 33311	
TITLE NAME	D Mildred May	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1516 NW 31 Way	
CITY-ST-ZIP	FL. Land. FL. 33311	
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		

CR2037 (9/01)

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]*
 SIGNATURE AND TYPED OR PRINTED NAME OF AGENT OR OFFICER OR DIRECTOR

5/2/02 **954-485-1782**
 Date Daytime Phone #