

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 06, 2003 8:00 am
Secretary of State

01-06-2003 90071 023 ****61.25

DOCUMENT # 744116

1. Entity Name

CIRCLE OF GOD, INC.



Principal Place of Business

**20510 OBERLY PKWY
ORLANDO FL 32833**

Mailing Address

**20510 OBERLY PKWY
ORLANDO FL 32833**

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

**CHRISTENSEN, R.M. DR
20510 OBERLY PARKWAY
ORLANDO FL 32833**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-3-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	CHRISTENSEN, R.M.(DR)	5009 PELLEPORT AVE.	ORLANDO FL 32812	<input type="checkbox"/>	PD	Christensen, R.M.	20510 Oberly Pkwy	Orlando, FL 32833	<input checked="" type="checkbox"/>	<input type="checkbox"/>
STD	CHRISTENSEN, BEATRICE	5009 PELLEPORT AVE.	ORLANDO FL 32812	<input type="checkbox"/>	STD	Christensen, Beatrice	20510 Oberly Pkwy	Orlando, FL 32833	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	REID, GAIL G.	20817 ORTEGA ST	ORLANDO FL 32833	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	MCCALL, K.A.	5487 PLEASANT HILL LANE	BRASELTON GA 30517	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	FLIEDER, CLAIR E CPA	303 MAGNOLIA AVENUE	MERRITT ISLAND FL 32952	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/02)

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: **FILED**

1-3-03 467-568-0083