

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

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90098 046 ****61.25

DOCUMENT # 745405

1. Entity Name

THE FAMILY OF GOD CHURCH, INC.



Principal Place of Business

**2116 THREE TREES CT
203
ORLANDO FL 32807
US**

Mailing Address

**2116 THREE TREES CT
203
ORLANDO FL 32807
US**

2. Principal Place of Business

**4100 NW 28th LN
Suite, Apt. #, etc.
46**

3. Mailing Address

**4100 NW 28th LN
Suite, Apt. #, etc.
46**

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

Zip

32606

Country

USA

Zip

32606

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1188197**

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

TOTH, JEAN K

2116 THREE TREES CT

203

ORLANDO FL 32807

**4100 NW 28th LN
46
GAINESVILLE, FL
32606**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Jean K. Toth - Jean K. Toth

4-02-03

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

(NOTE: Registered Agent signature required when reinstalling)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P D** ☐ Delete
NAME **TOTH, JEAN K.**
STREET ADDRESS **2116 THREE TREES CT**
CITY-ST-ZIP **ORLANDO FL 32807**

TITLE **VDD** ☐ Delete
NAME **MCCLELLAN, NANCY**
STREET ADDRESS **8614 LINCOLNSHIRE RD**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE **SD** ☐ Delete
NAME **HINKLEY, EMMETT**
STREET ADDRESS **3116 S OSCEOLA ST**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **TD** ☐ Delete
NAME **SHORT, CHARLES**
STREET ADDRESS **201 ADMIRAL LN**
CITY-ST-ZIP **DEBARY FL 32713**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Jean K. Toth

4-02-03

352-376-1505

CR2E037 (10/02)