

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91343 048 ****61.25

DOCUMENT # 746789

1. Entity Name

THE KINGSWAY FIRST CHURCH OF GOD, INC.

Principal Place of Business

2808 KINGSWAY ROAD
 SEFFNER FL 33584-5520

Mailing Address

PO BOX 776
 DOVER FL 33527
 US

2. Principal Place of Business

3. Mailing Address

2808 Kingsway Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Seffner, FL

4. FEI Number

59-3115208

Applied For

Not Applicable

Zip

Country

Zip

Country

33584

H. ILSDORF

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

REGISTER, ANDREW
 15440 CARUTHERS RD
 SYDNEY FL 33587

7. Name and Address of New Registered Agent

Name

STEVEN J. GORNOSKI

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

2806 S. Kingsway Rd.

City

Seffner

FL

Zip Code

33584-5520

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

Steven J. Gornoski

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-22-2001

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	D	<input checked="" type="checkbox"/> Delete
NAME	GORNOSKI, DEBORAH	
STREET ADDRESS	2806 S. KINGSWAY RD.	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TEW, JOSEPHINE	
STREET ADDRESS	13315 LOUIS GALLAGHER ROAD	
CITY-ST-ZIP	DOVER FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SALA, JANE	
STREET ADDRESS	3022 MCINTOSH RD.	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BECK, LAURA	
STREET ADDRESS	13215 RAULERSON RD.	
CITY-ST-ZIP	DOVER FL 33527	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Pastor	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN J. GORNOSKI	
STREET ADDRESS	2806 S. KINGSWAY RD.	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE	PRESIDENT/Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DR. GREGORY A. WIENS	
STREET ADDRESS	5061 Highlands by the Lake DR.	
CITY-ST-ZIP	LAKELAND, FL. 33813	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DONALD PICKETT	
STREET ADDRESS	211 Presidents DR	
CITY-ST-ZIP	LAKE WALES, FL. 33853	
TITLE	Ellen M. Raulerson	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	13202 Lewis Raulerson	
STREET ADDRESS	DOVER, FL. 33527	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gregory A. Wiens* GREGORY A. WIENS 01/22/01 863.638.1134

CR2E037 (10/00)