

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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92202 017 *****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

**P.O. BOX 504
SEFFNER FL 33584
US**

2. Principal Place of Business

3. Mailing Address

2808 Kingsway Rd. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Seffner, FL.

4. FEI Number **59-3115208**

Applied For

Not Applicable

Zip

Country

Zip

Country

33584

HILLS.

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

**WATFORD, MANUAL W
206 ROSIER RD.
BRANDON FL 33510**

Name

A.E. CHANCEY

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

216 S. St. Cloud Ave.

City

VALRICO,

FL

Zip Code

33594

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

A.E. Chancey (A.E. CHANCEY) PO

3-31-03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WATFORD, MANUAL W	
STREET ADDRESS	206 ROSIER RD.	
CITY-ST-ZIP	BRANDON FL 33510	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	COMPTON, JOE	
STREET ADDRESS	13535 NEELEY ROAD	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	T	<input type="checkbox"/> Delete
NAME	COMPTON, CAROLYN	
STREET ADDRESS	13535 NEELEY RD.	
CITY-ST-ZIP	DOVER FL 33527	
TITLE	SD	<input type="checkbox"/> Delete
NAME	REYNOLDS, HELEN	
STREET ADDRESS	2618 KINGSWAY ROAD	
CITY-ST-ZIP	SEFFNER FL 33584	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	A.E. CHANCEY	
STREET ADDRESS	216 S. St Cloud Ave.	
CITY-ST-ZIP	VALRICO, FL. 33594	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" 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		
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: **A.E. CHANCEY (A.E. CHANCEY) PO**

3-31-03 813-689-6383

CR2E037 (10/02)