


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **748042** (9)

1. Corporation Name

**UNITED BIBLE COLLEGE INSTITUTE/THEOLOGICAL SEMIN
ARY/UNITED FULL GOSPEL CHURCH, INC.**

Principal Place of Business

Mailing Address

**1605 MERCY DRIVE
P.O. BOX 585284
ORLANDO FL 32858**

**1605 MERCY DRIVE
P.O. BOX 585284
ORLANDO FL 32858**



3. Date Incorporated or Qualified

07/11/1979

4. FEI Number

59-1932623

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P. O. Box 585284**

22 City & State

27 City & State

23 Zip Country

28 **Orlando, Florida**

24 **32858**

30 **USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GORDON, REVEREND SAMUEL
1605 MERCY DRIVE
ORLANDO FL 32858**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **WEAVER, LEONARD T.**
STREET ADDRESS **2701 S. HICKORY ST.**
CITY-ST-ZIP **MELBOURNE FL**

1.1 TITLE **Director** ☐ Change ☒ Addition
1.2 NAME **Willie R. Bryant (Dr.)**
1.3 STREET ADDRESS **109-01 125th Street**
1.4 CITY-ST-ZIP **Ozone Park, N. Y.** ☐ Change ☒ Addition

TITLE **D** ☐ DELETE
NAME **GORDON, SAMUEL R.**
STREET ADDRESS **1605 MERCY DR.**
CITY-ST-ZIP **ORLANDO FL 32808**

2.1 TITLE **Director** ☐ Change ☒ Addition
2.2 NAME **Samuel R. Gordon, Jr.**
2.3 STREET ADDRESS **1231 Emerald Dr.**
2.4 CITY-ST-ZIP **Orlando, FL. 32808** ☐ Change ☒ Addition

TITLE **D** ☐ DELETE
NAME **MONROE, WALTER E. (DR.)**
STREET ADDRESS **5506 Westbury St**
CITY-ST-ZIP **ORLANDO FL 32808**

3.1 TITLE **Director** ☐ Change ☒ Addition
3.2 NAME **Fred L. Maxwell (Dr.)**
3.3 STREET ADDRESS **2035 W. Central Blvd**
3.4 CITY-ST-ZIP **Orlando, FL. 32805** ☐ Change ☒ Addition

TITLE **D** ☐ DELETE
NAME **JONES, SYLVESTER (REV**
STREET ADDRESS **P.O. BOX 429, N/A**
CITY-ST-ZIP **COCOA FL**

4.1 TITLE **Director** ☐ Change ☒ Addition
4.2 NAME **Kathleen Gordon**
4.3 STREET ADDRESS **1231 Emerald Drive**
4.4 CITY-ST-ZIP **Orlando, Florida 32808** ☐ Change ☒ Addition

TITLE **D** ☐ DELETE
NAME **JACKSON, ROXIE (MRS.)**
STREET ADDRESS **4226 W. Jackson St.**
CITY-ST-ZIP **ORLANDO FL**

5.1 TITLE **Director** ☐ Change ☒ Addition
5.2 NAME **Jimmie L. Downing (Dr.)**
5.3 STREET ADDRESS **1125 N. New York Ave.**
5.4 CITY-ST-ZIP **Lakeland, Florida** ☐ Change ☒ Addition

TITLE **D** ☐ DELETE
NAME **ELLIOTT, JOHN B.**
STREET ADDRESS **2459 BEDFORD AVE.**
CITY-ST-ZIP **BROOKLYN NY 11226**

6.1 TITLE **Director** ☐ Change ☒ Addition
6.2 NAME **Willie Green**
6.3 STREET ADDRESS **6407 Sagewood Drive**
6.4 CITY-ST-ZIP **Orlando, FL. 32808**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(8)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

02-12-98

Samuel R. Gordon (407) 298-1710

CP2E037 (10/97)