

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90017 017 ****70.00

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1. Corporation Name

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

Principal Place of Business

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

Mailing Address

P.O. BOX 585284
ORLANDO FL 32858
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/11/1979

4. FEI Number

59-1932623

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

GORDON, REVEREND SAMUEL
1605 MERCY DRIVE
ORLANDO FL 32858

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE

NAME WEAVER, LEONARD T.
STREET ADDRESS 2701 S. HICKORY ST.
CITY-ST-ZIP MELBOURNE FL

TITLE D ☐ DELETE

NAME GORDON, SAMUEL R.
STREET ADDRESS 1605 MERCY DR.
CITY-ST-ZIP ORLANDO FL 32808

TITLE D ☐ DELETE

NAME MONROE, WALTER E. (DR.
STREET ADDRESS 5506 WESBURY ST
CITY-ST-ZIP ORLANDO FL 32808

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

NAME JACKSON, ROXIE (MRS.)
STREET ADDRESS 4226 W JACKSON ST
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME ELLIOTT, JOHN B.
STREET ADDRESS 2459 BEDFORD AVE.
CITY-ST-ZIP BROOKLYN NY 11226

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED
Katherine Harris
4/7/99 407-298-1710

CR2E037 (11/98)