

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90053 028 ****61.25

DOCUMENT # 750292

1. Entity Name

THE TRUE CHURCH OF THE LIVING GOD, INC.

Principal Place of Business

1950 N.W. 8TH STREET
 POMPANO BEACH FL 33069

Mailing Address

1950 N.W. 8TH STREET
 POMPANO BEACH FL 33069

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1997356

Applied For

Not Applicable

5. Certificate of Status Desired: ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

BLUE, JOE, JR.
1104 N.W. SISTRUNK BOULEVARD
FORT LAUDERDALE FL 33311

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **BLUE, ELDER JOE JR**
 CITY-ST-ZIP **1108 1/2 NW SISTRUNK BLV
 FT LAUDERDALE, FL 00000**

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **BLUE, DIANE W**
 CITY-ST-ZIP **1108 1/2 NW SISTRUNK BLV
 FT LAUDERDALE, FL 00000**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **EDWARDS, WENDY**
 CITY-ST-ZIP **1971 N.W. 4 STREET
 POMPANO BEACH FL 33060**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **FIELDS, CONNIE D.**
 CITY-ST-ZIP **991 N.W. 18TH DRIVE
 FT LAUDERDALE, FL 00000**

TITLE ☒ Delete
 NAME **D**
 STREET ADDRESS **BOYD, MARLENE**
 CITY-ST-ZIP **2681 NW 5TH ST #61
 POMPANO BCH FL 33069**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **WILLIAMS, TIMOTHY B.**
 CITY-ST-ZIP **2681 NW 5 ST
 POMPANO BCH FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
 NAME **SACCOCIO, Eileen**
 STREET ADDRESS **1021 NW 23 Terr**
 CITY-ST-ZIP **Pompano, Beach, FL 33069**

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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 16, 2001
 Date

Daytime Phone #

CR2E037 (10/00)