2002 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2002 8:00 am 5 Secretary of State DOCUMENT # **750292** 1. Entity Name 04-18-2002 90429 027 ****61.25 THE TRUE CHURCH OF THE LIVING GOD, INC. Principal Place of Business Mailing Address 1950 N.W. 8TH STREET 1950 N.W. 8TH STREET POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FFI Number 59-1997356 Not Applicable Zip Zip Country Country____ \$8.75-Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) BLUE, JOE, JR. 1104 N.W. SISTRUNK BOULEVARD FORT LAUDERDALE FL 33311 City 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD (9/01 TITLE ☐ Delete TITLE ☐ Addition BLUE, ELDER JOE JR NAME 1108 1/2 NW SISTRUNK BLV STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 00000 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE BLUE, DIANE W NAME 1108 1/2 NW SISTRUNK BLV STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 00000 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE EDWARDS, WENDY NAME 1971 N.W. 4 STREET STREET ADDRESS STREET ADDRESS POMPANO BEACH FL 33060 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE FIELDS, CONNIE D. NAME NAME 991 N.W. 18TH DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 00000 CITY-ST-ZIP Delete , TITLE Change Addition SACCOCIO, EILEEN NAME NAME STREET ADDRESS 1021 NW 23 TERR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 ☐ Change ☐ Addition TITLE Delete TITLE WILLIAMS, TIMOTHY B. NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

2681 NW 5 ST

POMPANO BCH FL

4-8-02 954-748-9093

FILED