## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 04, 2000 8:00 am DOCUMENT # 758310 1. Entity Name **Secretary of State** CHURCH OF GOD IN CHRIST OF SANFORD, FLORIDA, INC 03-04-2000 90085 018 \*\*\*\*70.00 Principal Place of Business Mailing Address 2250 W. AIRPORT BLVD 1826 JERRY AVE SANFORD FL 32771 SANFORD FL 32771-3084 A STATE 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 05-0021169 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BRADLEY, HENRY SR 2250 W. AIRPORT BLVD. SANFORD FL 32771 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. 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Delete TITL F NAME NAME BARNES, MABLE STREET ADDRESS STREET ADDRESS 3021 W 23RD ST CITY-ST-ZIP CITY-ST-ZIP SANFORD FL Change ☐ Addition TITLE ☐ Delete CD NAME NAME Bradley, Henry STREET ADDRESS STREET ADDRESS 2250 W.AIRPORT BLVD CITY-ST-ZIP CITY-ST-ZIP SANFORD FL 32771 Change ☐ Addition Delete TITLE TITLE NAME PERRY, DOROTHY STREET ADDRESS STREET ADDRESS 710 SANTA BARBARA DR CITY-ST-ZIP CITY-ST-ZIP SANFORD FL ☐ Addition ☐ Delete TITLE TITLE NAME BRADLEY, CLARA L NAME STREET ADDRESS STREET ADDRESS 2250 W. AIR PORT BLVD Cora her Bradley CITY-ST-ZIP CITY-ST-ZIP SANFORD FL TITLE ☐ Delete TITLE TD NAME NAME EVANS, SAMUEL STREET ADDRESS STREET ADDRESS 137 CARVER AVE CITY-ST-ZIP CITY-ST-ZIP SANFORD FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: Hast Type or Printed Name of Signing Officer on Director Date Date Dayume Phone #