

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 758719

1. Entity Name

COMMUNITY CHURCH OF GOD OF MELBOURNE, INC.

Principal Place of Business

C/O BILL R. GLIDEWELL
455 S. AUDUBON DRIVE
MELBOURNE FL 32901

Mailing Address

C/O BILL R. GLIDEWELL
455 S. AUDUBON DRIVE
MELBOURNE FL 32901-1309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLIDEWELL, BILL R.
3665 WHISPERWOOD CIR.
MELBOURNE FL 32901

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME OTT, JACK
STREET ADDRESS 2 INDRIO BLVD.
CITY-ST-ZIP INDIAN HARBOUR BCH FL ☐ Delete

TITLE C
NAME RALPH HALLAND
STREET ADDRESS 3470 CABBAGE PALM AVE
CITY-ST-ZIP MELBOURNE, FL 32901 ☐ Change ☒ Addition

TITLE D
NAME DAVISON, W.R.
STREET ADDRESS 1923 A1A HIGHWAY #A5
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937 ☐ Delete

TITLE D
NAME CAROL HUNTLEY
STREET ADDRESS 417 WYCLIFF CT.
CITY-ST-ZIP MELBOURNE, FL 32935 ☐ Change ☒ Addition

TITLE P
NAME GLIDEWELL, BILL R.
STREET ADDRESS 3665 WHISPERWOOD CIR.
CITY-ST-ZIP MELBOURNE FL ☐ Delete

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

TITLE D
NAME CODER, BOB
STREET ADDRESS 1245 PAUL BRYCE DR
CITY-ST-ZIP MELBOURNE FL 32901 ☐ Delete

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

TITLE D
NAME BOLDIN, CHARLOTTE
STREET ADDRESS 4750 SILVER HERON DR.
CITY-ST-ZIP MELBOURNE FL ☒ Delete

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

TITLE TR
NAME NELSON, KAREN
STREET ADDRESS 418 WYCLIFF COURT
CITY-ST-ZIP MELBOURNE FL 32934 ☒ Delete

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

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:

W. R. DAVISON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/2000

321-727-0424

Date

Daytime Phone #

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90021 032 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1668815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)