

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90044 021 \*\*\*\*\*61.25

0013643

**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**

2. Principal Place of Business

**C/O Pastor  
 455 S. AUDUBON DR.**

3. Mailing Address

**C/O Pastor  
 455 S. AUDUBON**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MELBOURNE FL**

City & State

**MELBOURNE, FL**

Zip

**32901**

Country

**USA**

Zip

**32901**

Country

**USA**



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

6. Name and Address of Current Registered Agent

**RIGGS, WOODROW L  
 3615 MISTY OAK DRIVE, #407  
 MELBOURNE FL 32901**

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

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

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

TITLE **P** ☐ Delete  
 NAME **RIGGS, WOODROW L**  
 STREET ADDRESS **3615 MISTY OAK DRIVE, #407**  
 CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **D** ☒ Delete  
 NAME **HUNTLEY, CAROL**  
 STREET ADDRESS **417 WYCLIFF CT**  
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition  
 NAME **WENDY DULAY**  
 STREET ADDRESS **1436 CASARD**  
 CITY-ST-ZIP **MELBOURNE, FL 32940-6941**

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

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

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

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**

**2-22-2002 (321) 727-0424**

CR2E037 (9/01)