

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90627 002 \*\*\*\*61.25

00069094

DO NOT WRITE IN THIS SPACE

DOCUMENT # 761264 ✓  
 1. Entity Name CHURCH WITH GOD AN CHRIST

Principal Place of Business AIACHUA 71A  
 Mailing Address 7507-NW-181-TER

2. Principal Place of Business AIACHUA  
 Suite, Apt. #, etc.  
 3. Mailing Address 7507-NW-181-TER  
 Suite, Apt. #, etc.

City & State AIACHUA-71A  
 City & State AIACHUA-71A

Zip 32615 Country 71A  
 Zip 32615 Country 71A

4. FEI Number 592958838  
 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLYSSSES D HAYES  
 7507-NW-181-TER  
 AIACHUA-71A

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 OLYSSSES D HAYES-P.D.

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	P-D OLYSSSES D HAYES-P.D.	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	7507-NW-181-TER	
CITY-ST-ZIP	AIACHUA-71A-32615	
TITLE	LUTHER HAYES	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	7507-NW-181-TER	
CITY-ST-ZIP	AIACHUA-71A	
TITLE	DORTHY HAYES	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	7507-NW-181-TER	
CITY-ST-ZIP	AIACHUA-71A	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: P-D OLYSSSES D HAYES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-2001 904-462-2537

Date

Daytime Phone #

CR2E037 (11/00)