

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90059 019 ****61.25

DOCUMENT # 770348

1. Entity Name

THE CHURCH OF GOD UNIVERSAL AT GENEVA, FLORIDA, INC.

Principal Place of Business

Mailing Address

695 COCHRON RD
 GENEVA FL 32732
 US

P O BOX 1164
 GENEVA FL 32732

000002



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2486608

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRABTREE, DONALD R.
2425 OSCEOLA RD.
GENEVA FL 32732

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 **SD** Delete
 NAME **EDITH HAVEN**
 STREET ADDRESS **8335 SETTLER'S LOOP**
 CITY-ST-ZIP **GENEVA FL**

TITLE **SD** Change Addition
 NAME **EDITH HAVEN CRABTREE**
 STREET ADDRESS **2425 W. Osceola Rd PO Box 182**
 CITY-ST-ZIP **Geneva, FL 32732**

TITLE **D** Delete
 NAME **QUINTIN, LYNN B**
 STREET ADDRESS **1470 DEVANY COURT**
 CITY-ST-ZIP **GENEVA FL 32732**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **HARTLIEF, JOHN R**
 STREET ADDRESS **2425 W. OSCEOLA RD**
 CITY-ST-ZIP **GENEVA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TD** Delete
 NAME **ESCLAVON, SUSAN**
 STREET ADDRESS **265 MCLAIN**
 CITY-ST-ZIP **GENEVA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **GILSTRAP, JOHN**
 STREET ADDRESS **111 AVE. C.**
 CITY-ST-ZIP **GENEVA FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **HARTLIFF, JOHN**
 STREET ADDRESS **2425 W OSCEOLA ROAD**
 CITY-ST-ZIP **GENEVA FL 32732**

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: *Edith Haven Crabtree*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-06-02 407-349-9058
 Date Daytime Phone #

CR2E037 (9/01)