

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 816455

1. Entity Name

THE REFORMED CHURCH OF THE LIVING GOD

R

Principal Place of Business

409 - 413 OCEAN AVE  
JERSEY CITY FL 07305

Mailing Address

P. O. BOX 4057  
JERSEY CITY FL 07304  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3220010

Applied For

Not Applicable

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

SIMON, JAMES BISHOP  
5880 BLACK AVENUE  
PIERCE FL 33860

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

After September 13, 2000 min. will be \$236.25

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	PD	<input type="checkbox"/> Delete
NAME	SIMON, JAMES	
STREET ADDRESS	5880 BLACK AVENUE	
CITY-ST-ZIP	PIERCE FL 33860	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZEIGLER, JUANITA	
STREET ADDRESS	524 S BEACH ST APT 709	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DOWNING, ASALENE W	
STREET ADDRESS	411 OCEAN AVENUE	
CITY-ST-ZIP	JERSEY CITY FL 07305	
TITLE	D	<input type="checkbox"/> Delete
NAME	SINGLETON, LILLIAN L.	
STREET ADDRESS	119 QUITMAN ST APT 2B	
CITY-ST-ZIP	NEWARK NJ 07108	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, WYLMA	
STREET ADDRESS	855 MADISON AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHILDS, GRADY	
STREET ADDRESS	930 TANGLO CIR.	
CITY-ST-ZIP	BARTOW FL 33830	

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	
STREET ADDRESS	
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Aug 31, 2000 8:00 am  
Secretary of State

08-31-2000 90109 023 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (5/00)

SIGNATURE: *Asalene W Downing*

8/23/2000

(201) 333-8074