

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 830583

1. Entity Name

CHURCH OF GOD IN CHRIST, INC.

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90032 001 ***140.00

Principal Place of Business

3120 N.W. 48TH TERR
MIAMI FL 33142
US

Mailing Address

J.L. HULEN
27 PALM CIRCLE
AVON PARK FL 33825-4841

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

62-1242019

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

COHEN, JACOB
3120 N.W. 48TH TERR
MIAMI FL 33142

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

Jacob Cohen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/8/00

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 PD ☐ Delete
NAME OWENS, C D BISHOP
STREET ADDRESS 272 SOUTH MAIN STREET
CITY-ST-ZIP MEMPHIS TN 38101

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

TITLE DV ☐ Delete
NAME ANDERSON, C L BISHOP
STREET ADDRESS 272 SOUTH MAIN STREET
CITY-ST-ZIP MEMPHIS TN 38101

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

TITLE SD ☐ Delete
NAME HAMELTON, W W BISHOP
STREET ADDRESS 272 SOUTH MAIN STREET
CITY-ST-ZIP MEMPHIS TN 38103

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

TITLE DV ☐ Delete
NAME HAYNES, N J BISHOP
STREET ADDRESS 272 SO. MAIN ST.
CITY-ST-ZIP MEMPHIS TN 38101

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

TITLE D ☐ Delete
NAME COHEN, JACOB BISHOP
STREET ADDRESS 3120 N.W. 48TH TERRACE
CITY-ST-ZIP MIAMI FL 33142

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

TITLE DS ☐ Delete
NAME WHITE, FRANK
STREET ADDRESS 272 SOUTH MAIN STREET
CITY-ST-ZIP MEMPHIS TN 38101

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:

Jacob Cohen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacob Cohen

8/8/00

Date

Daytime Phone #

CR2E037 (9/99)