

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003984

1. Entity Name

CHURCH OF THE LIVING GOD INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

11 EGLIN PKWY. SE STE #4
FT WALTON BEACH FL 32548

11 EGLIN PKWY. SE STE #4
FT WALTON BEACH FL 32548

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 **59-3695574**
APPLIED FOR

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

CHISOLM, CAROL
1127 S. PATRICK DR., #29
SATELLITE BEACH FL 32937

Address change
only →

Name **Chisolm, Carol**

Street Address (P.O. Box Number is Not Acceptable)

1457 Cowart Avenue

City **Melbourne**

FL **32945**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
WHITE, JOSEPH
1881 STELZER RD
COLUMBUS OH

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SMITH, CHARLES D
1837 CROSSWINDS LANDING
FT. WALTON BEACH FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
CALIX, THOMAS
7 JAPONICA LN
SHALIMAR FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
CALIX, DEBORAH
7 JAPONICA LN
SHALIMAR FL

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LATHAM, RUTH
8348 OLD FEDERAL RD
MONTGOMERY AL

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Wilson, Yvonne
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
THOMPSON, CARLOS
15239 ROYAL ST
GULFPORT MS 39503

☐ Delete

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

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: **Deborah L. Calix** **Deborah L. Calix** 03-26-02 (850) 651-8963

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0006638

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90072 017 ****70.00



DO NOT WRITE IN THIS SPACE