

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005105

1. Entity Name

THE SECT OF THE LORD JESUS CHRIST (ACTS 28:22) I

Principal Place of Business

P.O. BOX 905
FRUITLAND PARK FL 34731

Mailing Address

P.O. BOX 905
FRUITLAND PARK FL 34731

2. Principal Place of Business

40125 Magnolia St
Suite, Apt. #, etc.

(PH)
Lady Lake
City & State

Zip Country
FL 32159 USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

FORTE, ELSIE A
40125 MAGNOLIA STREET
LADY LAKE FL 32159

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

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

T WILSHIRE, ISAIAH ☐ Delete
NAME
STREET ADDRESS RR1 BOX 220 E-E DAUGHERTY RD.
CITY-ST-ZIP EQUINUNK PA 18417

VP FORTE, ALFRED E ☐ Delete
NAME
STREET ADDRESS RR3 BOX 2617
CITY-ST-ZIP HONESDALE PA 18431

ST FORTE, ELSIE A ☐ Delete
NAME
STREET ADDRESS 40125 MAGNOLIA ST.
CITY-ST-ZIP LADY LAKE FL 32159

TT LUKEMAN, RACHEL A ☐ Delete
NAME
STREET ADDRESS HC66 BOX 89 CREAMTON CORNERS RD.
CITY-ST-ZIP PROMPTON PA 18456

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

☐ 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: *Elsie A. Forte* 5/16/01 3527538536

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90372 006 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)