

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90069 004 ****61.25

DOCUMENT # F97000004193

1. Entity Name

GENEVA COMMUNITY CHURCH INC.



Principal Place of Business

917 E. HIGHLAND AV.
GENEVA AL 36340

Mailing Address

917 E. HIGHLAND AV.
GENEVA AL 36340

30004107

2. Principal Place of Business

303 S. WAYD ST

Suite, Apt. #, etc.

3. Mailing Address

303 S. WAYD ST

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

GENEVA AL.

City & State

GENEVA AL

4. FEI Number **63-1155416**

Applied For

Not Applicable

Zip

36340

Country

GENEVA

Zip

36340

Country

GENEVA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COMBS, FOREST REV
RT 21 BOX 612
LAKE CITY FL 32024

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **HANEY, COY REV**
STREET ADDRESS **917 E. HIGHLAND AV.**
CITY-ST-ZIP **GENEVA AL 36340**

TITLE **VC** ☐ Delete
NAME **COMBS, FRED REV**
STREET ADDRESS **ROUTE 21, BOX 612**
CITY-ST-ZIP **LAKE CITY FL 32024**

TITLE **D** ☐ Delete
NAME **DUPREE, WOODY REV**
STREET ADDRESS **996 SANDSPUR ROAD**
CITY-ST-ZIP **WESTVILLE FL 32464**

TITLE **D** ☒ Delete
NAME **DUBOSE, MINNIE REV**
STREET ADDRESS **ROUTE 3, BOX 299-A**
CITY-ST-ZIP **OPP AL 36467**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

R. S. COY HANEY, COY REV

01-15-03 (850) 892-6455

CR2E037 (10/02)