

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000012

1. Entity Name

CHURCH OF GOD (SABBATH OBSERVED), INC.

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90070 007 \*\*\*\*61.25

Principal Place of Business

Mailing Address

626 LEE ST.  
WILDWOOD FL 34785

626 LEE ST.  
WILDWOOD FL 34785



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address P.O. Box 1244  
Wildwood, FL 34785

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State WILDWOOD FL

4. FEI Number 59-3620651

Applied For  
Not Applicable

Zip

Country

Zip

Country

34785 USA

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

MARSON, VINNETTE M  
626 LEE ST.  
WILDWOOD FL 34785

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME LYNCH, ABRAHAM  
STREET ADDRESS 1589 WINTERGROVE GARDEN  
CITY-ST-ZIP MISSAUGA, ONTARIO, CANADA ☐ Delete

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

TITLE VD  
NAME JOHNSON, GARETH  
STREET ADDRESS BAMBOO POST OFFICE L5M3Z9  
CITY-ST-ZIP ST. ANN, JAMAICA, W.I. ☐ Delete

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

TITLE STD  
NAME MARSON, VINNETTE M  
STREET ADDRESS 626 LEE ST.  
CITY-ST-ZIP WILDWOOD FL 34785 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

Vinnette M. Marson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00 (352) 748 2702

Date

Daytime Phone #