

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000000012

1. Entity Name

CHURCH OF GOD (SABBATH OBSERVED), INC.

Principal Place of Business

Mailing Address

2811 NE 35TH ST  
OCALA FL 34479

2811 NE 35TH ST  
OCALA FL 34479

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

59-3620631

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

MARSON, VINNETTE M  
2811 NE 35TH ST  
OCALA FL 34479

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 ☐ Delete  
STREET ADDRESS 33 KENNEDY RD SOUTH APT 506  
CITY-ST-ZIP MISSAUGA, ONTARIO, CANADA

TITLE 2SC  
NAME MARIETTA SWEENEY ☐ Change ☒ Addition  
STREET ADDRESS 16183 SW 22nd CT  
CITY-ST-ZIP Ocala, FL 34473

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

TITLE 2VD  
NAME DWEN BLACKFORD ☐ Change ☒ Addition  
STREET ADDRESS 6202 N. Sheldon Rd, Apt 407  
CITY-ST-ZIP Tampa, FL 33615

TITLE STD  
NAME MARSON, VINNETTE M ☐ Delete  
STREET ADDRESS 2811 NE 35TH ST  
CITY-ST-ZIP Ocala FL 34479

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

TITLE 2SC  
NAME HUE, SAMANTHA ☒ Delete  
STREET ADDRESS 187 HENDRIX ST  
CITY-ST-ZIP BROOKLYN NY 11207

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

TITLE 2TD  
NAME BUCHANAN, MAGILYN ☒ Delete  
STREET ADDRESS 14 SOUTH BROAD ST  
CITY-ST-ZIP RIDGEWOOD NJ 07450

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

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

4/18/02

Date

352 B67 7502  
352 406 B154

Daytime Phone #

CR2E037 (9/01)

0087734

FILED  
May 09, 2002 8:00 am  
Secretary of State  
05-09-2002 90089 022 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE