

2001 UNIFORM BUSINESS REPORT (UBR)

9/18/01-90048-001-\$8.75-\$8.75
 * 9/18/01-90048-002-\$306.25-\$306.25

DOCUMENT # N00000003592

1. Entity Name

TRUEWAY BIBLICAL HOUSE OF GOD, INC.

Principal Place of Business

454 WABASH AVENUE
 LAKELAND FL 33809

Mailing Address

454 WABASH AVENUE
 LAKELAND FL 33809

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

Applied For

Not Applicable

5. Certificate of Status Desired

1

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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 retreating)

DATE

FILE NOW: FEE IS \$61.25

After September 12, 2001, min. will be \$236.25

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

TITLE	PD	☐ Delete
NAME	BROWN, BERNICE W	
STREET ADDRESS	454 WABASH AVENUE	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	VSTD	☐ Delete
NAME	MALLOY, PHYLLIS W	
STREET ADDRESS	454 WABASH AVENUE	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	☐ Delete
NAME	MALLOY, BENNY G JR	
STREET ADDRESS	454 WABASH AVENUE	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	☐ Delete
NAME	GOODLEY, WILLIE	
STREET ADDRESS	454 WABASH AVENUE	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	☐ Delete
NAME	GOODLEY, EVON	
STREET ADDRESS	454 WABASH AVENUE	
CITY-ST-ZIP	LAKELAND FL 33809	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Phyllis W Malloy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept. 12, 2001

Date

863-682-1155

Daytime Phone #

FILED

01 OCT 15 PM 2:35

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SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

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CR2037 (5/01)