2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # N0000005425 **Secretary of State** 1. Enlity Name 05-05-2001 90414 001 ****21.25 FLORIDA FELLOWSHIP CHURCH OF GOD IN CHRIST, INC. 05-05-2001 90414 002 ****40.00 Principal Place of Business Mailing Address 2250 MARTIN LUTHER KING BLVD 2250 MARTIN LUTHER KING BLVD POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agen Street Address (P.O. Box Number is Not Acceptable) WILLIE T HARGRETT, OVERSEER 2250 MARTIN LUTHER KING BLVD POMPANO BEACH FL 33069 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. \$5.00 May Be Make Check Payable to 9. Election Campaign Financing FILE NOW: Department of State Trust Fund Contribution. Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME WILLIE HARGRETT, OVERSEER NAME STREET ADDRESS STREET ADDRESS 2250 MARTIN LUTHER KING BLVD CITY-ST-ZIP CITY-ST-ZIF POMPANO BEACH FL 33069 ☐ Addition ☐ Chance ☐ Delete TITLE TILE MCLEMORE, PASTOR THOMAS NAME NAME STREET ADDRESS STREET ADDRESS 2250 MARTIN LUTHER KING BLVD CITY-ST-7IP CITY-ST-ZIP POMPANO BEACH FL 33069 Change Addition .- ، - بـــ Deleta TITLE TITLE WHE. HARGRETT, THOMAS MANGE STREET ADDRESS STREET ADDRESS 2250 MARTIN LUTHER KING BLVD CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33069 Addition ☐ Change Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE Change Delete TITLE MARE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 cath; 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 pripowered.

FILED

Jun 20, 2001 8:00 am

5/5/01 * 5/5. Attachment 7996 HV0000005125

Internal Revenue Service



Accounts Management Division I.
Branch II - Teletin Unit
Stop 751
PO Box 47421
Chamblee, GA 30382
Phone 676-630-7234/7235
FAX 678-530-6156

Date: June 13, 2001

Employee Identification: 0716933153

TO:	WILLIE T HARGRETT	FAX:	954-957-7193
FROM:	Accounts Management Division I Teletin Unit	Pages:	1
	FLORIDA PELLOWSHIP COGIC		
Company Name	PLORIDA PELLOWSHIP COGIC	Employer ID#	65-1111721
Company Name		Employer ID#	
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Company Name		Employer ID #	

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