

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

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

0061703

**DOCUMENT # N00000006016**

**1. Entity Name**  
**THE MINISTRY OF GOLD UNDENOMINATIONAL CHURCH INC**



**Principal Place of Business**  
**1904 CANAL TERR.**  
**FORT PIERCE FL 34950**

**Mailing Address**  
**1904 CANAL TERR.**  
**FORT PIERCE FL 34950**

**2. Principal Place of Business**  
**1904 Canal Terrace**  
**Suite, Apt. #, etc. N/A**

**3. Mailing Address**  
**1904 Canal Terrace**  
**Suite, Apt. #, etc. N/A**

**City & State**  
**Ft. Pierce FL 34950**  
**Zip Country**  
**34950 St. Lucie**

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**Ft. Pierce FL 34950**  
**Zip Country**  
**34950 St. Lucie**

**4. FEI Number** **59-3664283**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**GIVENS, ROVENA T PASTOR**  
**1904 CANAL TERR.**  
**FORT PIERCE FL 34950**

**7. Name and Address of New Registered Agent**

**Name** **Same**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**N/A**  
**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** *Pastor Rozena T. Givens*

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

<b>TITLE</b>	<b>CD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>GIVENS, ROVENA T</b>	
<b>STREET ADDRESS</b>	<b>1904 CANAL TERR.</b>	
<b>CITY-ST-ZIP</b>	<b>FORT PIERCE FL 34950</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>ANDERSON, JAMES W</b>	
<b>STREET ADDRESS</b>	<b>3004 N. 22ND STRET</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA FL 33605</b>	
<b>TITLE</b>	<b>M</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>GLENN, GARY</b>	
<b>STREET ADDRESS</b>	<b>1311 E. HUMPHERY ST.</b>	
<b>CITY-ST-ZIP</b>	<b>TAMPA FL 33604</b>	
<b>TITLE</b>	<b>D</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>JOHNSON, SYLVIA</b>	
<b>STREET ADDRESS</b>	<b>1011 JAMAICA AVE.</b>	
<b>CITY-ST-ZIP</b>	<b>FORT PIERCE FL 34957</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>N/A</b>	
<b>STREET ADDRESS</b>	<b>N/A</b>	
<b>CITY-ST-ZIP</b>	<b>N/A</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>N/A</b>	
<b>STREET ADDRESS</b>	<b>N/A</b>	
<b>CITY-ST-ZIP</b>	<b>N/A</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>N/A</b>	
<b>STREET ADDRESS</b>	<b>N/A</b>	
<b>CITY-ST-ZIP</b>	<b>N/A</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>N/A</b>	
<b>STREET ADDRESS</b>	<b>N/A</b>	
<b>CITY-ST-ZIP</b>	<b>N/A</b>	

**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:** *Rovena T. Givens* **03/31/03**

CR2E037 (10/02)

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