

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 23, 2002 8:00 am
Secretary of State

09-23-2002 90201 001 ***122.50

DOCUMENT # N00000006588

1. Entity Name

BAY STREET CHURCH OF GOD IN CHRIST, INC.

99844



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 1301 E BAY ST
 WINTER GARDEN FL 34787

Mailing Address
 1301 E BAY ST
 WINTER GARDEN FL 34787

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **59-2803220**
 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ **\$8.75-Additional Fee Required**

6. Name and Address of Current Registered Agent
STEVENSON, BYRON
1301 E BAY ST
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Byron Stevenson* **Byron Stevenson** **9/4/2002**
 (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002,
 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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
PD STEVENSON, BYRON D 1301 E BAY ST WINTER GARDEN FL 34787	
D LUDD, JAMES 164 BAY ST WINTER GARDEN FL	<input type="checkbox"/> Delete
D THOMPSON, WILLIE 7121 WILLOWWOOD ORLANDO FL	<input checked="" type="checkbox"/> Delete
D JOHNSON, CARA 2788 CULLENS CT OCOEE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D Sandra Thomas	
D Robert Jefferson 1301 E. Bay Street Winter Garden, FL 34787	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D Beverly Jefferson 1301 E. Bay Street Winter Garden, FL 34787	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D Timothy Brinson 6214 Denson Dr. Orlando, FL 32808	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Byron Stevenson* **Byron Stevenson** **9/4/2002** **4076565**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (4/02)