

1/19/01

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 12, 2001 8:00 am
Secretary of State**

01-19-2001 90079 050 ****61.25

DOCUMENT # N00000007229

1. Entity Name

GUIDING LIGHT APOSTOLIC DOCTRINE MINISTRIES INC.

Principal Place of Business

**2504 WOODLAND ST. WEST
JACKSONVILLE FL 32209**

Mailing Address

**2504 WOODLAND ST. WEST
JACKSONVILLE FL 32209**

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 Applicable5. 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

**GUIDER, MICHAEL D
2504 WOODLAND ST. WEST
JACKSONVILLE FL 32209**

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 re/instating)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	GUIDER, MICHAEL D	
STREET ADDRESS	2504 WOODLAND ST. WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32209	

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GREEN, JOHN	
STREET ADDRESS	1836 FOREST HILLS RD.	
CITY-ST-ZIP	JACKSONVILLE FL 32208	

TITLE	STD	<input type="checkbox"/> Delete
NAME	GUIDER, ANDRENA	
STREET ADDRESS	2504 WOODLAND ST. WEST	
CITY-ST-ZIP	JACKSONVILLE FL 33209	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roberta Guider	
STREET ADDRESS	2504 Woodland St W.	
CITY-ST-ZIP	Jacksonville FL 32209	

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

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/01

Date

904475-1627

Daytime Phone #

CR2E037 (10/00)