

2001 UNIFORM BUSINESS REPORT (UBR)

0014837

DOCUMENT # N00000007533

1. Entity Name

CAPITAL CITY CHURCH OF GOD, INC.

Principal Place of Business

P.O. BOX 5969
TALLAHASSEE FL 32314

Mailing Address

P.O. BOX 5969
TALLAHASSEE FL 32314

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

59-3680573

Applied For

Not Applicable

5. 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

SEYMOUR-BARR, RUBY
1519 CHINA GROVE TR
TALLAHASSEE FL 32301

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 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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME BARR, NORRIS H
STREET ADDRESS 1519 CHINA GROVE TR
CITY-ST-ZIP TALLAHASSEE FL 32301

TITLE Director ☐ Change ☒ Addition
NAME Ruby Barr
STREET ADDRESS 1519 China Grove Trl
CITY-ST-ZIP Tallahassee FL 32301

TITLE D ☐ Delete
NAME PAYNE, CALVIN J
STREET ADDRESS P.O. BOX 10876
CITY-ST-ZIP TALLAHASSEE FL 32302

TITLE ☐ Change ☐ Addition
NAME 400004629244-3
STREET ADDRESS -10/10/01-01025-004
CITY-ST-ZIP *****61.25 *****61.25

TITLE D ☐ Delete
NAME TOUSSAINT, ADOLPH
STREET ADDRESS 125 CHAPEL DR, #18
CITY-ST-ZIP TALLAHASSEE FL 32304

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME MOORE, ARCHIE
STREET ADDRESS P.O. BOX 5969
CITY-ST-ZIP TALLAHASSEE FL 32314

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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)(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 REQUIRED

9/12/01

(850) 222-7311

CR2E037 (10/00)