

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00729

1. Entity Name

GOLDEN STARLIGHT SUPERNATURAL CHURCH OF GOD, INC

Principal Place of Business

1533 W. BLUE HERON BLVD.
RIVIERA BEACH FL 33419

Mailing Address

P.O. BOX 5511
FT. LAUDERDALE FL 33310-5511

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90059 044 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2354880

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

BULLARD, ROBERT
3960 N.W. 120 WAY
P.O. BOX 5511
FT LAUDERDALE, FL 33310

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.

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\$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 PD
NAME BULLARD, ROBERT
STREET ADDRESS 3960 NW BOUSAY, P.O. BOX 5511
CITY-ST-ZIP FT. LAUDERDALE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME LIDDELL, LIZZIE BEA
STREET ADDRESS 601 NW 16TH AVE.
CITY-ST-ZIP POMPANO BEACH FL 33060

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME BULLARD, ALICE
STREET ADDRESS 601 NW 16TH AVE.
CITY-ST-ZIP POMPANO BEACH FL 33060

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)