2001 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2001 8:00 am DOCUMENT # N0100000018 **Secretary of State** 1. Entity Name THE GENERAL CONFERENCE OF THE CHURCH OF GOD OF T 03-06-2001 90018 016 ****78.75 Principal Place of Business Mailing Address 720 S. KANSAS AVE. PO BOX 1041 NEWTON KS 67114 NEWTON KS 67114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 48-107277 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent> 7. Name and Address of New Registered Agent Name CORONADO, ADOLFO Street Address (P.O. Box Number is Not Acceptable) 148 S. MADISON AVE. CENTER HILL FL 33514 City Zip Code atement or the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE (NOTE: Registered Agent signature required when remstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. FEE IS \$61.25 Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE PRESIDENT ☐ Delete TITLE PRESIDENT Addition ☐ Change JAMES A. ETTERMAN, SR NAME NAME JAMES A ETTERMAN, SR P.O. BOX 1041 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEWTON, KS YILE PRESIDE NT TITLE TITLE ☐ Delete ☐ Change X Addition JERRY BRYAND NAME NAME 1908 S. BONN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 61213 CITY-ST-ZIP KNCHITA. MLE Delete mif SECRETARY Change Addition NAME PAUX-LOPE-Z POB BOX 155 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP *19088* TULIA, TX TITLE Delete TITLE TREASURER Change Addition WILLIAM D. MEYER 714 WEST HAVEN DRIVE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEWTON, KS 67114 TITLE Delete CLERK TITLE ☐ Change Addition NAME ERNEST MINOR NAME STREET ADDRESS STREET ADDRESS 200 S. HERD City-ST-ZIP 76513 CITY-ST-ZIP BELTON TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7IP 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 projects empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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of the corporation or the receiver or changed, or on an attachment with

SIGNATURE: