

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90133 037 ****61.25

DOCUMENT # N01000000531



1. Entity Name
VILLAGE CHURCH OF GOD, INC.

Principal Place of Business Mailing Address
6 COLEMAN RD 6 COLEMAN RD
WINTER HAVEN FL 33880 WINTER HAVEN FL 33880

60022004



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-2002720**

Applied For
Not Applicable

Zip Country Zip Country

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

WHIDDEN, ALTON
6 COLEMAN RD
WINTER HAVEN FL 33880

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 _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Delete
NAME	WINTERS, JACK
STREET ADDRESS	200 LAKE HOWARD DR SW
CITY-ST-ZIP	WINTER HAVEN FL 33880
TITLE	<input type="checkbox"/> Delete
NAME	WHITE, BILL
STREET ADDRESS	2463 BATES AVE
CITY-ST-ZIP	WINTER HAVEN FL 33880
TITLE	<input type="checkbox"/> Delete
NAME	THOMAS, RON
STREET ADDRESS	2103 SHEFFIELD RD
CITY-ST-ZIP	WINTER HAVEN FL 33880
TITLE	<input type="checkbox"/> Delete
NAME	CARD, BRUCE
STREET ADDRESS	102 LAKE SEARS DR
CITY-ST-ZIP	WINTER HAVEN FL 33880
TITLE	<input type="checkbox"/> Delete
NAME	TILLMAN, RALPH
STREET ADDRESS	31 KEY WEST AVE
CITY-ST-ZIP	WINTER HAVEN FL 33880
TITLE	<input type="checkbox"/> Delete
NAME	WHIDDEN, ALTON
STREET ADDRESS	2024 AVE. B, SW
CITY-ST-ZIP	WINTER HAVEN FL 33880

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
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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: Alton Whidden **WHIDDEN** 4-14-03 (863) 293-0782

CR2E037 (10/02)