

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

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90296 016 ****70.00

DOCUMENT # *W01000001449*
1. Entity Name
The Church of God at Okeechobee Corporation

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1688 NE 13th Avenue
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 613
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Okeechobee, FL

City & State
Okeechobee, FL

4. FEI Number Applied For
Not Applicable

Zip Country
34972 Okeechobee

Zip Country
34972 Okeechobee

5. Certificate of Status Desired *#* **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Esther France Burns*
Street Address (P.O. Box Number is Not Acceptable)
1222 Lucy Street
City *Tallahassee* FL Zip Code *32308*

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 _____

**FEE IS \$61.25
Initial or Amended UBR**

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 NAME STREET ADDRESS CITY-ST-ZIP	<i>D Esther France Burns 1222 Lucy Street Tallahassee, FL 32308</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Johnnie Marlyne Burns Slaton 1222 Lucy Street Tallahassee, FL 32308</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D Cregor John Slaton 1222 Lucyst Tall, Fl 32308</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Esther F. Burns* *4/29/02 (850) 942-2244*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR