## Jan 24, 2003 8:00 am

FILED

**Secretary of State** 

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

## DOCUMENT # N0100004026

1. Entity Name



01-24-2003 90046 029 \*\*\*\*70.00 GOD'S FAMILY CHURCH, INC. Principal Place of Business Mailing Address ,,,,,,,, 1800 HARRISON STREET PO BOX 5525 TITUSVILLE FL 42706 32783 TITUSVILLE FL 32780 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-3709099 Not Applicable Zip Country 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 ಎಲ್ ಎಂಬರ್ ಸ್ಪಾಪಾರ್ಯಕ್ಷಣೆಯಲ್ಲಿ ಅವರ ಇಗಳು SOUTHERLAND, RAY N R EV Street Address (P.O. Box Number is Not Acceptable) 2950 TEAKWOOD TITUSVILLE FL 32780 City 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Addition TITLE ☐ Delete TITLE Change SOUTHERLAND, RAY N JR NAME NAME 1680 KEMBERLY AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32796 TITLE ☐ Delete ☐ Change ☐ Addition TITLE CHURCH, REESE NAME NAME STREET ADDRESS 1680 KEMBERLY AVE STREET ADDRESS TITUSVILLE FL 32796 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition FOSTER, VIOLET C NAME NAME 4231 GROVEWOOD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITUSVILLE FL 32780 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME RUBY, MOORE NAME STREET ADDRESS STREET ADDRESS 1800 HARRISON STREET CITY-ST-ZiP CITY-ST-ZIP TITUSVILLE FL 32780 CORPORATE STERETALY ☐ Delete TITI F TITLE ☐ Change ★ Addition SHE SCHREINER NAME NAME 1240 SANDY CARE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

1-21-03 (321) **2**67-7868

CR2E037 (10/02)