

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

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90957 019 \*\*\*\*\*70.00

0015596

**DOCUMENT # N01000006812**

1. Entity Name

**ALL GOD'S CHILDREN NONDENOMINATIONAL BIBLE TEMPL  
E, INCORPORATED**



Principal Place of Business

**4140 MINTON ROAD  
WEST MELBOURNE FL 32904**

Mailing Address

**4140 MINTON ROAD  
WEST MELBOURNE FL 32904**

**11020732**

2. Principal Place of Business

**618 Auburn Avenue**

3. Mailing Address

**618 Auburn Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Melbourne, FL**

City & State

**Melbourne, FL**

Zip

**32901**

Country

**USA**

Zip

**32901**

Country

**USA**

4. FEI Number **59-3741312**

Applied For

Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional**

Fee Required

6. Name and Address of Current Registered Agent

**GRAHAM, CATHERINE**

**4140 MINTON ROAD**

**WEST MELBOURNE FL 32904**

7. Name and Address of New Registered Agent

Name **Paula Hogans**

Street Address (P.O. Box Number is Not Acceptable)

**618 Auburn Avenue**

City **Melbourne**

**FL**

Zip Code

**32901**

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

*Paula Hogans*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/26/03**

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

TITLE **D** ☐ Delete  
NAME **GRAHAM, CATHERINE**  
STREET ADDRESS **4140 MINTON ROAD**  
CITY-ST-ZIP **WEST MELBOURNE FL 32904**

TITLE **D** ☐ Delete  
NAME **HOGANS, IV, JOHN ED**  
STREET ADDRESS **618 AUBURN AVENUE**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE **D** ☐ Delete  
NAME **HOGANS, PAULA**  
STREET ADDRESS **618 AUBURN AVENUE**  
CITY-ST-ZIP **MELBOURNE FL 32901**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☒ Change ☐ Addition  
NAME **Graham, Catherine**  
STREET ADDRESS **199 Highway A1A #A212**  
CITY-ST-ZIP **Satellite Beach, FL 32937**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*Paula Hogans IV*

**4/26/03**

**321-955-0936**

CR2E037 (10/02)