

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

**FILED**  
**Apr 09, 2003 8:00 am**  
**Secretary of State**

04-09-2003 90122 031 \*\*\*\*\*61.25

**DOCUMENT # N01000007418**

1. Entity Name

**BIBLICAL FOUNDATION CHURCH OF GOD, INC.**



Principal Place of Business

**1710 CONWAY GARDENS RD  
ORLANDO FL 32806**

Mailing Address

**7705 SW 10th Street  
OCALA, FLORIDA 34474**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

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

**MCCAULEY BLAIR  
7705 SW 10th St.  
OCALA, FLORIDA 34474**

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

*Blair L. McCauley*

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

(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 **DP** ☐ Delete  
NAME **MCCAULEY, BLAIR L**  
STREET ADDRESS **4274 SW 80 AVE**  
CITY-ST-ZIP **OCALA FL 34481**

TITLE **DP** ☒ Change ☐ Addition  
NAME **MCCAULEY BLAIR L**  
STREET ADDRESS **7705 SW 10th St**  
CITY-ST-ZIP **OCALA, FLORIDA 34474**

TITLE **DV** ☐ Delete  
NAME **ALLEN, DAVID**  
STREET ADDRESS **1710 CONWAY GARDENS RD**  
CITY-ST-ZIP **ORLANDO FL 32806**

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

TITLE **DV** ☒ Delete  
NAME **ZABALA, FERNANDO**  
STREET ADDRESS **8802 SW 150 PL CIRCLE**  
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **DR** ☐ Change ☒ Addition  
NAME **ROBERT A FORTIN**  
STREET ADDRESS **309 LEMON STREET**  
CITY-ST-ZIP **AUBURNDALE FLORIDA 33823-808**

TITLE **DST** ☐ Delete  
NAME **MCCAULEY, CAROL**  
STREET ADDRESS **4274 SW 80 AVE**  
CITY-ST-ZIP **OCALA FL 34481**

TITLE **DST** ☒ Change ☐ Addition  
NAME **MCCAULEY CAROL**  
STREET ADDRESS **7705 SW 10th Street**  
CITY-ST-ZIP **OCALA FLORIDA 34474**

TITLE **D** ☐ Delete  
NAME **YASMINE, ALLEN**  
STREET ADDRESS **1710 CONWAY GARDENS RD**  
CITY-ST-ZIP **ORLANDO FL 32806**

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

TITLE **D** ☒ Delete  
NAME **ZABALA, MYRA**  
STREET ADDRESS **8802 SW 150 PL CIRCLE**  
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **DST** ☐ Change ☒ Addition  
NAME **CHERI FORTIN**  
STREET ADDRESS **309 LEMON St.**  
CITY-ST-ZIP **AUBURNDALE FLORIDA 33823**

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:

*Blair L. McCauley* 4-6-03 352-237-7596

CR2E037 (10/02)