


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

FILED
Feb 14, 2003 8:00 am
Secretary of State

1/2

01-22-2003 90165 032 ****61.25

DOCUMENT # NO1000007632
1. Entity Name
CHURCH OF GOD 7TH DAY OF S.W. FLORIDA, INC.



Principal Place of Business
**804 LOUIS AVE AVE
LEHIGH ACRES FL 33972**

Mailing Address
**804 LOUIS AVE AVE
LEHIGH ACRES FL 33972**

55007172



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

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

WALTERS, DARREL W
804 LOUIS AVE AVE
LEHIGH ACRES FL 33972

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	CPD	<input type="checkbox"/> Delete
NAME	WALTERS, DARREL W SR	
STREET ADDRESS	804 LOUIS AVE	
CITY-ST-ZIP	LEHIGH ACRES FL	
TITLE	VPT	<input checked="" type="checkbox"/> Delete
NAME	ENDECOTT, JEFFERY	
STREET ADDRESS	1699 JOEL BLVD	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WALTERS, KATHY	
STREET ADDRESS	804 LOUIS AVE	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Delete Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sec/Treas	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary/Treasure	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Roger Raczka T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	3808 S.E. 2 nd PL.	
CITY-ST-ZIP	Cape Coral, FL 33904	
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: *Kathy Walters* **ED** 1/15/03 239-368-1330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)