

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

FILED
Aug 06, 2003 8:00 am
Secretary of State

08-06-2003 90055 003 ****61.25

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DOCUMENT # NO2000004798

1. Entity Name

PINE STREET CHURCH OF GOD IN CHRIST, INC.



Principal Place of Business

PO BOX 442
STARKE FL 32091

Mailing Address

PO BOX 442
STARKE FL 32091

2. Principal Place of Business

1610 N. TEMPLE AV

3. Mailing Address

Suite, Apt. #, etc.

City & State

Starke FL

City & State

Zip

32091

Country

Bradford

Zip

Country

4. FEI Number

41-2038726

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MERCER, DERRICK L SR
159 HERMAN DR
HAWTHORNE FL 32640

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

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
After September 10, 2003, min will be \$236.25

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 PPD
NAME MERCER, DERRICK L SR
STREET ADDRESS 159 HERMAN DR
CITY-ST-ZIP HAWTHORNE FL 32640 ☐ Delete

TITLE VD
NAME MERCER, MELINDA R
STREET ADDRESS 159 HERMAN DR
CITY-ST-ZIP HAWTHORNE FL 32640 ☐ Delete

TITLE VD
NAME PERRY, BOYZIE
STREET ADDRESS 1003 PINE ST
CITY-ST-ZIP STARKE FL 32091 ☒ Delete

TITLE SD
NAME LENNOX, CONSUELLA
STREET ADDRESS 2130 NW 31ST AVE #L8
CITY-ST-ZIP GAINESVILLE FL 32605 ☒ Delete

TITLE TD
NAME CRUM, SHIRLEY
STREET ADDRESS 999 OLD LAWTEY RD
CITY-ST-ZIP STARKE FL 32091 ☐ Delete

TITLE ADMD
NAME KING, ANTONIO L
STREET ADDRESS 2130 NW 31ST AVE #L8
CITY-ST-ZIP GAINESVILLE FL 32605 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE Church Administrator
NAME WALTER MAC BENNETT
STREET ADDRESS 159 Herman Drive
CITY-ST-ZIP Hawthorne FL 32640 ☐ Change ☒ Addition

TITLE Jacobi Anderson (Secretary)
NAME
STREET ADDRESS 5045 Polar's Street
CITY-ST-ZIP Jacksonville, FL 32205 ☐ Change ☒ Addition

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

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

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-04-03

Date

Daytime Phone #

CR2E037 (4/03)