

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06050

1. Entity Name

SUPERNATURAL CHURCH OF GOD, INC.

FILED
Jul 07, 2000 8:00 am
Secretary of State

07-07-2000 90460 002 ****61.25

Principal Place of Business

Mailing Address

~~4689 MYRTLE LN~~
~~WEST PALM BEACH FL 33417~~
US

1390 W. 37TH STREET
RIVIERA BEACH FL 33404-2019
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0031700

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

DIXON, EMMITT JR
~~4689 MYRTLE LANE~~
~~WEST PALM BEACH FL 33417~~

Name

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

1390 W. 37th St.

City, Riviera Bch

FL

Zip Code 33404

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME DIXON, EMMITT
STREET ADDRESS ~~4689 MYRTLE LANE~~
CITY-ST-ZIP ~~WEST PALM BEACH FL 33417~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1390 W. 37th St.
CITY-ST-ZIP Riviera Bch., FL 33404

TITLE VD ☐ Delete
NAME DIXON, ANNIE BELL
STREET ADDRESS ~~4689 MYRTLE LN~~
CITY-ST-ZIP ~~WEST PALM BEACH FL 33417~~

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1390 W. 37th St.
CITY-ST-ZIP Riviera Bch., FL 33404

TITLE ~~STD~~ ☒ Delete
NAME ~~OLIVER, LORRAINE~~
STREET ADDRESS ~~951 PAT PLACE~~
CITY-ST-ZIP ~~WEST PALM BEACH FL 33407~~

TITLE ☐ Change ☒ Addition
NAME STD
STREET ADDRESS Sherry Lynette Tillman
CITY-ST-ZIP Apt. # 427 Caribbean Blvd.
West Palm Bch., FL 33407

TITLE ~~STD~~ ☒ Delete
NAME ~~BOYSE, LORRAINE~~
STREET ADDRESS ~~951 PAT PLACE~~
CITY-ST-ZIP ~~WEST PALM BEACH FL 33407~~

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: *Annie B. Dixon*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2000 681-8012
Date Daytime Phone #