

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90282 020 \*\*\*\*61.25

**DOCUMENT # N12223**

1. Entity Name

**THE CHURCH OF GOD EVANGELISTIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O JOHN W. COLLINS  
 2842 ELIZABETH PLACE  
 LAKELAND FL 33813

C/O JOHN W. COLLINS  
 2842 ELIZABETH PLACE  
 LAKELAND FL 33813

2. Principal Place of Business

*230 Hill Court*

3. Mailing Address

*230 Hill Court*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Winter Haven, FL*

City & State

*Winter Haven, FL*

Zip

*33881*

Country

*USA*

Zip

*33881*

Country

*USA*

4. FEI Number

**59-2655873**

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

**COLLINS, JOHN W.**  
**2842 ELIZABETH PLACE**  
**LAKELAND FL 33813**

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.

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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PCD**  
**COLLINS, JOHN W.**  
**2842 ELIZABETH PL.**  
**LAKELAND FL**

☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VD**  
**KELLY, HAROLD REV.**  
**P.O. BOX 8 N/A**  
**WEST BEND KY 40388**

☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**TD**  
**COLLINS, BARBARA L**  
**2842 ELIZABETH PLACE**  
**LAKELAND FL**

☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**DEVOLL, DAVID REV.**  
**6501 GERMANTOWN RD. NO 377**  
**MIDDLETOWN OH 45042**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**MAGUIRE, SHAWN**  
**2019 SHAKESPEAR AVENUE**  
**LAKELAND, FL 33801**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**NIPP, JAMES**  
**PO BOX 430 N/A**  
**SPICELAND IN 47385**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**D**  
**CURTIS, DONALD**  
**463 E. COUNTY ROAD 300 N.**  
**NEW CASTLE, IN 47362**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

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 of John W. Collins*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*01-29-01* (863) 688-0640  
 Date Daytime Phone #

CR2E037 (10/00)