

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

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90213 045 \*\*\*\*61.25

**DOCUMENT # N12223**

1. Entity Name  
**THE CHURCH OF GOD EVANGELISTIC ASSOCIATION, INC.**



Principal Place of Business  
**230 HILL COURT  
WINTER HAVEN FL 33881**

Mailing Address  
**230 HILL COURT  
WINTER HAVEN FL 33881**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2655873**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



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. 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**

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

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

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

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

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

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

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

TITLE ☒ Change ☐ Addition  
NAME **Jeffery Pearce**  
STREET ADDRESS **14050 Orangecrest Circle**  
CITY-ST-ZIP **Lakeland, FL 33810**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP **Vacant temporary**

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: **SIGNATURE REQUIRED** *John W Collins Pres. 5-9-03*

CR2E037 (10/02)