

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13346

1. Entity Name

CHURCH OF LIGHT/WEDDING CHAPEL OF LOVE/CHAPEL OF

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90104 032 ****70.00

Principal Place of Business

Mailing Address

P O BOX 606
TALLEVAST FL 34270

P O BOX 606
TALLEVAST FL 34270-0606

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2533395

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUMRALL, SHARI GADWELL
1922 MANGOE STREET
PUNTA GORDA FL 33980

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

T ☐ Delete
NAME JOHNSON, ANNELIES
STREET ADDRESS 3202 65TH ST W
CITY-ST-ZIP BRADENTON FL

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

D ☐ Delete
NAME JUDAY, MARION
STREET ADDRESS 126 RAINBOW RD.
CITY-ST-ZIP VANDALIA MI

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

D ☐ Delete
NAME SUMRALL, ROBERT SR
STREET ADDRESS 1922 MANGOE ST.
CITY-ST-ZIP PUNTA GORDA FL

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

☐ Delete
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☐ Change ☐ Addition
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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:

Robert Sumrall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-2000 941-764-9669

Date

Daytime Phone #

CR2E037 (9/99)