

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 14, 2002 8:00 am  
Secretary of State

01-14-2002 90040 050 \*\*\*\*61.25

DOCUMENT # N13346

1. Entity Name

CHURCH OF LIGHT/WEDDING CHAPEL OF LOVE/CHAPEL OF LOVE MINISTRIES/GYPSY ROSE CATERING INC.

Principal Place of Business

Mailing Address

1304 60TH AVENUE WEST  
BRADENTON FL 34207

P O BOX 606  
TALLEVAST FL 34270

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  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SUMRALL, SHARI CALDWELL  
1922 MANGOE STREET  
PUNTA GORDA FL 33980

Name

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

2186 WILLOUGHBY ST.

PORT CHARLOTTE

City

FL

FL

Zip Code

33980

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

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
NAME SUMRALL, ROBERT SR  
STREET ADDRESS 1922 MANGOE ST.  
CITY-ST-ZIP PUNTA GORDA FL 33980

NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
NAME SUMRALL, SHARI CALDWELL  
STREET ADDRESS 1922 MANGOE ST.  
CITY-ST-ZIP PUNTA GORDA FL 33980

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: *Rev. Shari Sumrall* REV. SHARI SUMRALL 1-8-02 941-766-0251

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)