

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

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90130 006 ****70.00

DOCUMENT # N13346

1. Entity Name

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



Principal Place of Business

**1304 60TH AVENUE WEST
BRADENTON FL 34207**

Mailing Address

**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**

60002090



☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SUMRALL, SHARI CALDWELL
2186 WILLOUGHBY ST
PORT CHARLOTTE FL 33980**

7. Name and Address of New Registered Agent

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

TITLE	T	<input type="checkbox"/> Delete
NAME	JOHNSON, ANNELIES	
STREET ADDRESS	3202 65TH ST W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	JUDAY, MARION	
STREET ADDRESS	200 MEADOW LANE ELM ST APT #25	
CITY-ST-ZIP	CONSTANTINE MI 49042	
TITLE	D	<input type="checkbox"/> Delete
NAME	SUMRALL, ROBERT SR	
STREET ADDRESS	2186 WILLOUGHBY ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	P	<input type="checkbox"/> Delete
NAME	SUMRALL, SHARI CALDWELL	
STREET ADDRESS	2186 WILLOUGHBY ST	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Shari Caldwell Sumrall

1-6-03 941-766-0251

CR2E037 (10/02)