

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 07, 2002 8:00 am
Secretary of State**

02-07-2002 90139 001 ***306.25

DOCUMENT # N22976

1. Entity Name

THE FAMILY OF GOD INC.

Principal Place of Business

**1530 LONGBAY ROAD
MIDDLEBURG FL 32068
US**

Mailing Address

**924 N MAGNOLIA AVE
STE 250
ORLANDO FL 32803
US**

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

59-2847199

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****BORKO, MD
924 N MAGNOLIA AVE
STE250
ORLANDO FL 32803**

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 \$61.259. 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	VD	<input checked="" type="checkbox"/> Delete
NAME	FELDMAN, JUDY	
STREET ADDRESS	13085 ORTEGA LANE	
CITY-ST-ZIP	N MIAMI FL 33157	

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reimer, Larry	
STREET ADDRESS	1624 NW Fifth Avenue	
CITY-ST-ZIP	Gainesville, FL 32603-1609	

TITLE	T	<input type="checkbox"/> Delete
NAME	BIZAR, PAUL	
STREET ADDRESS	200-24TH AVE	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	

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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	LAVOO, GEORGE	
STREET ADDRESS	4313 HURON LANE	
CITY-ST-ZIP	CLEARWATER FL 33762-5212	

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cochenour, John	
STREET ADDRESS	310 Country Circle Drive	
CITY-ST-ZIP	Daytona Beach, FL 32124	

TITLE	SD	<input type="checkbox"/> Delete
NAME	ROGER-GROGGETT, SHARON	
STREET ADDRESS	200 N 46TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL 33021-6604	

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

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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:**SIGNATURE SECURED****M. Douglas Borko****1/23/02****407/835-7501**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)