

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91567 048 \*\*\*\*61.25

**DOCUMENT # N25633**

1. Entity Name

**UNITED BIBLICAL CHURCHES OF GOD, AUXILIUM, INC.**

Principal Place of Business

5680 W CARDINAL ST  
 HOMOSASSA FL 34446  
 US

Mailing Address

P.O. BOX 547  
 CRYSTAL RIVER FL 34423  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2887718**

Applied For  
 Not Applicable

Zip  
**34446**

Country  
**USA**

Zip  
**34423**

Country  
**USA**

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

6. Name and Address of Current Registered Agent

**KIMBROUGH, CHARLES J**  
**5680 W CARDINAL ST**  
**HOMOSASSA FL 34446**

7. Name and Address of New Registered Agent

Name **NA**

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 ☐ **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete  
 NAME **KIMBROUGH, CHARLES J**  
 STREET ADDRESS **5680 W CARDINAL ST**  
 CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE **T** ☐ Delete  
 NAME **KIMBROUGH, AGNES N**  
 STREET ADDRESS **5680 W CARDINAL ST**  
 CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE **BM** ☐ Delete  
 NAME **HALE, HAGAN H**  
 STREET ADDRESS **6200 W. HOLIDAY ST.**  
 CITY-ST-ZIP **HOMOSASSA FL 34446**

TITLE **T** ☐ Delete  
 NAME **HUMPHREY, ARTHUR L**  
 STREET ADDRESS **3091 NW 48TH AVE.**  
 CITY-ST-ZIP **CHIEFLAND FL 34446**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition  
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 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: **Charles J Kimbrough** **621-7888**

CR2E037 (10/00)