

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90089 004 ****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

3091 NW 48TH AVE

3. Mailing Address

3091 NW 48TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Chiefland FL

City & State

Chiefland FL

4. FEI Number 59-2887718

Applied For

Not Applicable

Zip

32626

Country

USA

Zip

32626

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

Arthur Humphrey

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

3091 NW 48TH AVE

City

Chiefland

FL

Zip Code

32626

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

Arthur L Humphrey Director-Prox

03-30-03

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	DP	<input checked="" type="checkbox"/> Delete
NAME	KIMBROUGH, CHARLES J	
STREET ADDRESS	5680 W CARDINAL ST	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KIMBROUGH, AGNES N	
STREET ADDRESS	5680 W CARDINAL ST	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	BM	<input checked="" type="checkbox"/> Delete
NAME	HALE, HAGAN H	
STREET ADDRESS	6200 W. HOLIDAY ST.	
CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	T	<input type="checkbox"/> Delete
NAME	HUMPHREY, ARTHUR L	
STREET ADDRESS	3091 NW 48TH AVE.	
CITY-ST-ZIP	CHIEFLAND FL 34446	
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	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Arthur L Humphrey	
STREET ADDRESS	3091 NW 48TH AVE	
CITY-ST-ZIP	Chiefland FL 32626	
TITLE	Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruth A Humphrey	
STREET ADDRESS	3091 NW 48TH AVE	
CITY-ST-ZIP	Chiefland FL 32626	
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:

Arthur L Humphrey Director

03-30-03 352 493 7969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)