

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90138 012 ****61.25

DOCUMENT # N25706

1. Entity Name

FIRST CHURCH OF GOD, OF BROOKSVILLE, FLORIDA, IN C.



Principal Place of Business

**20053 YONTZ ROAD
BROOKSVILLE FL 34601**

Mailing Address

**20053 YONTZ ROAD
BROOKSVILLE FL 34601**

11029889



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2359130**

Applied For

Not Applicable

Zip

Country **Hernando**

Zip

Country

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

**BOYETT, SHERRY L REV
20053 YONTZ RD
BROOKSVILLE FL 34601**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-----------------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BOYETT, SHERRY L REV | |
| STREET ADDRESS | 20053 YONTZ RD | |
| CITY-ST-ZIP | BROOKSVILLE FL | |
| TITLE | DT | <input checked="" type="checkbox"/> Delete |
| NAME | PYLE, COLLEEN | |
| STREET ADDRESS | 295 EDERINGTON DRIVE | |
| CITY-ST-ZIP | BROOKSVILLE FL 34601 | |
| TITLE | DS | <input checked="" type="checkbox"/> Delete |
| NAME | GAMBILL, MARGARET | |
| STREET ADDRESS | 28956 OLD TRILBY RD | |
| CITY-ST-ZIP | BROOKSVILLE FL 34602 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | HILL, LORRAINE | |
| STREET ADDRESS | 4100 E GRANT | |
| CITY-ST-ZIP | INVERNESS FL 34453 | |
| TITLE | | <input type="checkbox"/> Delete |
| 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 | DT | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Donald D. Pickett | |
| STREET ADDRESS | 211 Presidents Drive | |
| CITY-ST-ZIP | 2 Mc Wiles, FL 33859 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Lockhart, Grant | |
| STREET ADDRESS | 5401 61st Circle | |
| CITY-ST-ZIP | Lephyr Hills, FL 33542 | |
| 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: **Rev Sherry L. Boyett**

April 27 2003 (352) 774-9044

CR2E037 (10/02)