

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-17-2002 90136 046 ****61.25

DOCUMENT # N26539

1. Entity Name

TENTH STREET CHURCH OF GOD OF LAKE LAND, INC.

Principal Place of Business

Mailing Address

**601 WEST TENTH STREET
 LAKE LAND FL 33805-3601**

**601 WEST TENTH STREET
 LAKE LAND FL 33805-3601**

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

59-2907750

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

**SWEAT, WILLIAM A JR.
 2018 SOUTH FLORIDA AVENUE
 LAKE LAND FL 33803**

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 \$61.25

9. 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 **Chair person** ☐ Delete
 NAME **MCCLOUD, ABRAHAM**
 STREET ADDRESS **4025 TIMBERLAKE RD W**
 CITY-ST-ZIP **LAKE LAND FL 33805**

TITLE **YOLanda Tides-Secretary** ☐ Change ☒ Addition
 NAME **YOLanda Tides-Secretary**
 STREET ADDRESS **4824 DOVE Lane**
 CITY-ST-ZIP **Auburn Dale FL 33823**

TITLE **Member** ☐ Delete
 NAME **HICKS, FRANCES**
 STREET ADDRESS **612 W PARK ST**
 CITY-ST-ZIP **LAKE LAND FL**

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

TITLE **Member** ☐ Delete
 NAME **WASHINGTON, BENNIE**
 STREET ADDRESS **921 W 13TH ST**
 CITY-ST-ZIP **LAKE LAND FL**

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

TITLE **Treasurer** ☐ Delete
 NAME **BATTLE, QUEEN**
 STREET ADDRESS **1643 NORMAN DR**
 CITY-ST-ZIP **LAKE LAND FL**

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

TITLE **Member** ☐ Delete
 NAME **WADE, SAVA**
 STREET ADDRESS **7532 WILLOW WAY W**
 CITY-ST-ZIP **LAKE LAND FL**

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

TITLE **D** ☒ Delete
 NAME **MCCLOUD, MILDRED**
 STREET ADDRESS **9029 DAMASCUS AVE**
 CITY-ST-ZIP **POLK CITY FL 33868**

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

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: Queen Battle
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-06-02 863-687-4904
 Date Daytime Phone #

CR2E037 (9/01)