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

## **DOCUMENT # N26539**

1. Entity Name

TENTH STREET CHURCH OF GOD OF LAKELAND, INC.

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**FILED** Apr 10, 2003 8:00 am Secretary of State 04-10-2003 90123 035 \*\*\*\*61.25

| TITLE MCCLOUD, ABRAHAM MCCLOUD, ABRAHAM STREET ADDRESS STREET ADDR  |                           |                                       |  | `                      | GOD WE TWO                     |                          |   |                    |                               |
|---|---------------------------|---------------------------------------|--|------------------------|--------------------------------|--------------------------|---|--------------------|-------------------------------|
| Surte. Apt #, etc.    City & State   City & City & State   City & City & State   City & State   City & City   | 801 WEST TEN              | ith street                            | 801 WEST TENTH STREET  |                        |                                | 1 (88): (6) 816 1161     | B BII BI BII BI BI BI BI BI BI BI BI BI | 1(2))              | 11 <b>8</b> 1814 <b>488</b> 1 |
| City & State  Country  Country  Country  Country  Country  S. Certificate of Status Desired   \$8.75 Additional Fee Required   \$8.75 Additional Fee Requi | 2. Principal P            | 3. Mailing Address                    |  |                        |                                |                          |   |                    |                               |
| Post Application   St. 75 Additional   St. 75 Additional   St. 75 Additional   St. 75 Additional   Fee Required   Fee Requir  | Suite, Apt. #, etc.       |                                       | Suite, Apt. #, etc.  |                        | ☐ CHECK HERE IF MAKING CHANGES |                          |   |                    |                               |
| Post Application   St. 75 Additional   St. 75 Additional   St. 75 Additional   St. 75 Additional   Fee Required   Fee Requir  | City & State              |                                       | City & State   |                        | 4. FEI Number 59-2907750       |                          |   | oplied For         |                               |
| SWEAT, WILLIAM A J.R. 2018 SOUTH FLORIDA AVENUE LAKELAND FL 33803  City FL Zip Code  8. The above numed areity sportist this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familier with, and accept the obligators of registered agent.  SIGNATURE:  Signature, posed filting numer or registered agent and stort applicable.  (INDTE: Registered Agent cypnature required septim, in the State of Florida. I am familier with, and accept the obligators of registered agent.  SIGNATURE:  Signature, posed filting numer or registered agent and stort applicable.  (INDTE: Registered Agent cypnature required septim, or both, in the State of Florida. I am familier with, and accept the obligators of registered agent.  SIGNATURE:  Signature, posed filting numer or registered agent and stort applicable.  (INDTE: Registered Agent cypnature required septim, or both, in the State of Florida. I am familier with, and accept the obligators of registered agent, or both, in the State of Florida. I am familier with, and accept the obligators of registered agent, or both, in the State of Florida. I am familier with, and accept the obligators of registered agent, or both, in the State of Florida. I am familier with, and accept the obligators of registered agent, or both, in the State of Florida. I am familier with, and accept the obligators of Florida agent, or both, in the State of Florida. I am familier with, and accept the obligators of Florida agent, or both, in the State of Florida. I am familier with, and accept the obligators of Florida agent, or both, in the State of Florida. I am familier with, and accept the obligators of Florida agent, or both, in the State of Florida. I am familier with, and accept the obligators of Florida agent, or both, in the State Address of Florida. I am familier with, and accept the obligators of Florida agent, or both, in the State Address of Florida. I am familier with, and accept the obligators of Florida agent, or both, in the State Address of Florida. I   | 71.                       |                                       | - Zin  | - Country              |                                | Not A                    |   |                    |                               |
| SWEAT, WILLIAM A JR. 2018 SOUTH FLORIDA AVENUE LAKELAND FL 33803:  City  FL  Zip Code  City  City  FL  Zip Code  Florida. I am tamillar with and accept in the billion and accept in the city of the city  City Fl  Zip Code  Florida. In the city of the city  Added to Florida. I am tamillar with and accept in the city of  |                           |                                       |  | Cooning                |                                |                          |   | Fee Require        |                               |
| SWEAT, WILLIAM A JR. 2018 SOUTH FLORIDA AVENUE  LAKELAND FL 38803  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 me obligations of registerid agent.  9. Election Campaign Financing Trust Fund Contribution.   Addition with Addition Street Address    10. OF FICERS AND DIRECTIONS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN 10  ITTLE   MAKE   ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN 10  ITTLE   MAKE   ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS IN 10  ITTLE   ADDITIONS/CHANGES TO OFFICERS A  |                           | 6. Name and Address of Curren         | t Registered Agent   | N نام المرابع          |                                | 7. Name and Addr         | ess of New Registere                    | d Agent            | · - · -                       |
| Signature, typed of terms of registered agent and toe if applicable.    City   FL   Zio Code  | 2018 SOUTH FLORIDA AVENUE |                                       |  |                        |                                |                          |   |                    |                               |
| B. 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.  SICNATURE  SICNATURE  SIGNATURE  SIGNATUR  | LANELAND FL 33803         |                                       |  | C                      | ity                            |                          | F                                       | Zip Cod            | e                             |
| FILE NOW: FEE IS \$61.25  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE MAKE AND FL 33805  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  CITY-ST-ZIP  LAKELAND FL 33805  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  CITY-ST-ZIP  LAKELAND FL 33805  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  MAKE  CITY-ST-ZIP  LAKELAND FL 33805  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change Addition  MAKE  CITY-ST-ZIP  LAKELAND FL CHANGES  STREET ADDRESS  612 W PARK ST  CITY-ST-ZIP  LAKELAND FL CHANGE  MAKE   |                           |                                       | for the purpose of changing its  | registered of          | fice or register               | red agent, or both, in t |   |                    | and accept                    |
| Trust Fund Contribution.   Added to Fees   Florida Department of State    To. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   EDC   Delete   TITLE   AME   AME   AME   AME   AME   Addition    TITLE   DM   Delete   TITLE   AME   AME   Addition    TITLE   DM   Delete   TITLE    TITLE   DM   Delete   TITLE    TITLE   DM   Delete   TITLE    TITLE   DM   Addition    TITLE   DT   Delete    TITLE   DM   Addition    TITLE   DM   AME    TITLE   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   AT I C I C I C I C I C I C I C I C I C I   | SIGNATURE                 | Signature, typed of registered ager   | nt and title if applicable. (NOT   | E: Registered Age      | nt signature required          | d when reinstating)      | DATE                                    | <u></u>            |                               |
| Trust Fund Contribution.   Added to Fees   Florida Department of State    To. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   EDC   Delete   TITLE   AME   AME   AME   AME   AME   Addition    TITLE   DM   Delete   TITLE   AME   AME   Addition    TITLE   DM   Delete   TITLE    TITLE   DM   Delete   TITLE    TITLE   DM   Delete   TITLE    TITLE   DM   Addition    TITLE   DT   Delete    TITLE   DM   Addition    TITLE   DM   AME    TITLE   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    TITLE   AT I C I C I C I C I C I C I C I C I C I   |                           |                                       |  |                        |                                | T                        |   |                    |                               |
| TITLE MCCLOUD, ABRAHAM   |                           |                                       |  |                        |                                |                          |   |                    |                               |
| MAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33805  DM   | 10.                       | OFFICERS AND D                        | I IRECTORS   | 11.                    |                                | L.<br>ADDITIONS/CHANGE   | S TO OFFICERS AND                       | DIRECTORS IN       | 110                           |
| TITLE DM   Delete   TITLE   DM   Delete   DM   DM   DM   DM   DM   DM   DM   D  | TITLE                     | EDC                                   | ☐ Delete   | TITLE                  | 5                              |                          | . 1                                     | ☐ Change           | Addition                      |
| TITLE DM   Delete   TITLE   DM   Delete   DM   DM   DM   DM   DM   DM   DM   D  | NAME                      | MCCLOUD, ABRAHAM                      |  | NAME                   | Arlo                           | een Wri9                 | ht.                                     |                    |                               |
| TITLE DM   Delete   TITLE   DM   Delete   DM   DM   DM   DM   DM   DM   DM   D  | STREET ADDRESS            | 4025 TIMBERLAKE RD W                  |  | STREET AD              | DRESS 10a                      | 5 So, Ohit               | Ave                                     |                    |                               |
| NAME SIRET ADDRESS 612 W PARK ST CITY-ST-ZIP LAKELAND FL  OM WASHINGTON, BENNIE STREET ADDRESS CITY-ST-ZIP LAKELAND FL  OT NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL  OT NAME STREET ADDRESS CITY-ST-ZIP TITLE DT NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL  OT NAME WADE, SAVA STREET ADDRESS CITY-ST-ZIP LAKELAND FL  OT NAME WADE, SAVA STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL  OT NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL  OT NAME STREET ADDRESS   | CITY-ST-ZIP               |                                       | <u> </u>   | CITY-ST-Z              | P Lai                          | keland. Fl.              | 33803-123                               | 34                 |                               |
| STREET ADDRESS CITY-ST-ZIP LAKELAND FL  DM WASHINGTON, BENNIE NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL  TITLE DT DT Delete MAME BATTLE, QUEEN 1643 NORMAN DR LAKELAND FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DM WASHINGTON, BENNIE STREET ADDRESS CITY-ST-ZIP TITLE DT Delete MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE S NAME JILES, YOLANDA Addition Addition Addition Addition Addition NAME STREET ADDRESS STREET AD  | TITLE                     |                                       | ☐ Delete   | TITLE                  |                                |                          |   |                    | ☐ Addition                    |
| CITY-ST-ZIP  CHARLAND FL  CITY-ST-ZIP  CHARLAND FL  CITY-ST-ZIP  CHARLAND FL  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  LAKELAND FL  TITLE  DT  TITLE  DT  TITLE  DAM  BATTLE, QUEEN  STREET ADDRESS  CITY-ST-ZIP  LAKELAND FL  TITLE  DM  MAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  CHARLE  TITLE  DM  MAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP  TITLE  DM  MAME  STREET ADDRESS  CITY-ST-ZIP  CITY-ST-ZIP  TITLE  DM  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  S  MAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  S  MAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  S  MAME  SIREET ADDRESS  STREET ADDRESS   | NAME                      |                                       |  | NAME                   |                                |                          |   |                    | Í                             |
| TITLE DM WASHINGTON, BENNIE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL TITLE DT DAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL TITLE DM DM Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL TITLE DM DM Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL TITLE DM TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL TITLE DM TO Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL TITLE S DM STREET ADDRESS CITY-ST-ZIP LAKELAND FL TITLE DM STREET ADDRESS CITY-ST-ZIP LAKELAND FL TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS ST  |                           |                                       |  |                        | ' <u> </u>                     | ·                        |   |                    |                               |
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| STREET ADDRESS CITY-ST-ZIP LAKELAND FL.  DT   | TITLE                     |                                       | ☐ Delete   |                        |                                |                          |   | Change             | ☐ Addition                    |
| CITY-ST-ZIP  LAKELAND FL  TITLE  DT  NAME  BATTLE, QUEEN  1643 NORMAN DR  LAKELAND FL  CITY-ST-ZIP  LAKELAND FL  CITY-ST-ZIP  TITLE  DM  WADE, SAVA  7532 WILLOW WAY W  CITY-ST-ZIP  TITLE  S  NAME  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TITLE  S  NAME  STREET ADDRESS  | NAME                      |                                       |  |                        |                                |                          |   |                    | -                             |
| TITLE BATTLE, QUEEN NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL  WADE, SAVA STREET ADDRESS CITY-ST-ZIP LAKELAND FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL  TITLE S NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL  TITLE S NAME JILES, YOLANDA STREET ADDRESS   |                           |                                       |  | 1                      |                                |                          |   |                    |                               |
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| STREET ADDRESS CITY-ST-ZIP  TITLE  DM   | TITLE                     |                                       | ☐ Delete   |                        | •                              |                          |   | Change             | ☐ Addition                    |
| CITY-ST-ZIP  TITLE  DM  | NAME                      |                                       |  |                        |                                |                          |   |                    |                               |
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| NAME STREET ADDRESS CITY-ST-ZIP LAKELAND FL CHange Addition NAME STREET ADDRESS CITY-ST-ZIP  TITLE S TITLE NAME JILES, YOLANDA STREET ADDRESS A824 DOVE LANE STREET ADDRESS   |                           |                                       |  |                        | ır                             |                          |   |                    |                               |
| STREET ADDRESS CITY-ST-ZIP LAKELAND FL  SIREET ADDRESS CITY-ST-ZIP  TITLE S NAME JILES, YOLANDA STREET ADDRESS   | TITLE                     |                                       | ☐ Delete   |                        |                                |                          |   | ☐ Change           | ☐ Addition                    |
| CITY-ST-ZIP LAKELAND FL  TITLE S TITLE  NAME JILES, YOLANDA  STREET ADDRESS  4824 DOVE LANE  CITY-ST-ZIP  TITLE  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  STREET ADDRESS  |                           |                                       |  |                        | npree                          |                          |   |                    |                               |
| TITLE S TITLE S Change Addition NAME JILES, YOLANDA NAME STREET ADDRESS 4824 DOVE LANE STREET ADDRESS   |                           |                                       |  |                        | li .                           |                          |   |                    |                               |
| NAME JILES, YOLANDA NAME STREET ADDRESS 4824 DOVE LANE STREET ADDRESS   |                           | LANCLAND FL                           |  | -                      | ır .                           |                          |   |                    |                               |
| STREET ADDRESS 4824 DOVE LANE STREET ADDRESS  | TITLE                     | III EC VOLANDA                        | Delete .   | •                      |                                |                          |   | Change             | Addition                      |
|   | NAME                      |                                       |  |                        |                                |                          |   |                    | }                             |
| AUDURNDALE PL 33823   |                           |                                       |  |                        |                                |                          |   |                    |                               |
| 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:** 

4-8-03 863-687-4904