

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37720

1. Entity Name

THE HOUSE OF GOD WHICH IS THE CHURCH OF THE LVI

Principal Place of Business

520 EAST LAURA ST
PLANT CITY FL 33566

Mailing Address

520 EAST LAURA ST
PLANT CITY FL 33566-5552
US

2. Principal Place of Business

*The House of God which
is the church of the living*
City & State
Plant City, FL 33566

3. Mailing Address

520 East Laura St
Suite, Apt. #, etc.
City & State

City & State

Plant City, FL 33566

City & State

Plant City, FL 33566

Zip

33566

Country

Hillsborough

Zip

33566

Country

US

6. Name and Address of Current Registered Agent

JENKINS, NATHANIEL
901 EAST MARTIN LUTHER KING JR
PLANT CITY FL 33566

7. Name and Address of New Registered Agent

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

TITLE CDT
NAME JENKINS, NATHANIEL
STREET ADDRESS 901 EAST MARTIN LUTHER KING JR BLVD
CITY-ST-ZIP PLANT CITY FL 33566 ☐ Delete

TITLE VCD
NAME REAVES, DURRIE
STREET ADDRESS 1506 GOTHAM COURT
CITY-ST-ZIP PLANT CITY FL ☐ Delete

TITLE SD
NAME SHAW, MARGARET D.
STREET ADDRESS 1107 W. WASHINGTON ST.
CITY-ST-ZIP PLANT CITY FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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CITY-ST-ZIP ☐ Change ☐

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Durrie Reaves* *REQUIRED* *2.1.2000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90024 044 ****61.25

AVU2000



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3031708

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required