

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2001 8:00 am
Secretary of State

02-19-2001 90020 039 ****61.25

DOCUMENT # N37720

1. Entity Name

THE HOUSE OF GOD WHICH IS THE CHURCH OF THE LVI

Principal Place of Business

Mailing Address

THE HOUSE OF GOD WHICH IS THE CHURCH
 OF THE LIVING LVI
 PLANT CITY FL 33566

520 EAST LAURA ST
 PLANT CITY FL 33566
 US

2. Principal Place of Business

3. Mailing Address

The House of God G. A. No.

520 E. Laura St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

S. J. A. C.

City & State

City & State

Plant City, FL

Zip

Zip

33566

Country

Country

Hillsborough

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

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

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

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

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)