

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90026 031 ****61.25

DOCUMENT # **N38010**

1. Entity Name

CHURCH OF GOD IN CHRIST OF WABASSO, INC.

Principal Place of Business

Mailing Address

P. O. BOX **7036**
 VERO BEACH FL 32961 **-7036**

P. O. BOX **7036**
 VERO BEACH FL 32961 **7036**

2. Principal Place of Business

Church of God in Christ of

3. Mailing Address

Suite, Apt. #, etc.

City & State

Vero Beach FL

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

GREEN, WILLIE MAE
P.O. Box 6596
VERO BEACH FL 32961-6596

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 **D**
 STREET ADDRESS **ALEXANDER, BETTY**
 CITY-ST-ZIP **1075 9TH ST., SW**
VERO BEACH FL

TITLE ☒ Change ☐ Addition
 NAME **Matthew Sims**
 STREET ADDRESS **P.O. Box 622**
 CITY-ST-ZIP **Wabasso FL**

TITLE ☒ Delete
 NAME **VD**
 STREET ADDRESS **PENNY, LEAESTER M**
 CITY-ST-ZIP **1075 9TH ST., S.W.**
VERO BEACH FL

TITLE ☒ Change ☐ Addition
 NAME **Helen Ruth Cooper**
 STREET ADDRESS **2385 S.W. 11th Ct.**
 CITY-ST-ZIP **vero beach FL**

TITLE ☐ Delete
 NAME **TD**
 STREET ADDRESS **CROSDALE, MAMIE REGINA**
 CITY-ST-ZIP **P.O. BOX 5198**
VERO BEACH FL

TITLE ☒ Change ☐ Addition
 NAME **Secretary**
 STREET ADDRESS **Sharon Norman**
 CITY-ST-ZIP **3537th Ct SW**
VERO BEACH FL

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **GREEN, WILLIE MAE**
 CITY-ST-ZIP **P.O. Box 6596**
VERO BEACH FL 32961-6596

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

TITLE ☒ Delete
 NAME **SD**
 STREET ADDRESS **JONES, DAWN**
 CITY-ST-ZIP **1130 25TH STREET SW**
VERO BEACH FL

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

TITLE ☐ Delete
 NAME
 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:

Willie Mae Norman

4-28-02

772-567-5948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #