

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N38054

1. Entity Name

HAVEN SEVENTH DAY CHURCH OF GOD MINISTRIES, INC.

Principal Place of Business

2000 LEISURE DR., N.W.
WINTER HAVEN FL 33881

Mailing Address

2000 LEISURE DR., N.W.
WINTER HAVEN FL 33881-1263

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3018886

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OLSON, WILFRED H.
2000 LEISURE DR., NW
WINTER HAVEN FL 33881

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 P ☐ Delete
NAME OLSON, WILFRED H.
STREET ADDRESS 2000 LEISURE DR., NW
CITY-ST-ZIP WINTER HAVEN FL 33881

TITLE DT ☐ Delete
NAME OLSON, LEONA V.
STREET ADDRESS 2000 LEISURE DR., NW
CITY-ST-ZIP WINTER HAVEN FL

TITLE D ☐ Delete
NAME KENT, ROY W.
STREET ADDRESS 15955 HICKORY CORNERS RD
CITY-ST-ZIP HICKORY CORNERS MI 49060

TITLE VSD ☐ Delete
NAME ROUSEY, DEBRA
STREET ADDRESS 2005 LEISURE DR NW
CITY-ST-ZIP WINTER HAVEN FL

TITLE D ☐ Delete
NAME STROUPE, L. JAMES
STREET ADDRESS 1510 ROBINSON DR
CITY-ST-ZIP HAINES CITY FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
NAME
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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:

WILFRED H. OLSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jun 29, 2000 8:00 am
Secretary of State

06-29-2000 90397 038 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)