

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2002 8:00 am
Secretary of State

09-08-2002 90131 014 ****75.00

DOCUMENT # N38054

1. Entity Name

HAVEN SEVENTH DAY CHURCH OF GOD MINISTRIES, INC.

Principal Place of Business

Mailing Address

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

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

0 1 1 0 0 1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3018886

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

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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

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

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

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

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

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

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

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

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

SIGNATURE WILFRED H. OLSON

CR2E037 (4/02)

Attachment 871087
#N38052
2000 Leisure On n.w.
Winter Haven, Fl. 33881

Sept 4, 2002

Seventh Day Church of God Ministries Inc

Dept. of State
Secretary of State
Tallahassee Fl. 32314

Dear Madam

Am enclosing Check No 2447 on Bank
of America for amount of \$ 175.00

$8.75 + 50. + 61.25$

We bought no real estate
and sold none.

Please send me a card or letter so I can
avoid state tax on items we buy
for the parsonage and personal items.

Thank you, Sincerely Pastor W.H. Olson