

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-29-2000 90121 013 ****70.00

DOCUMENT # N38741

1. Entity Name

ELSIE HARVEY MEMORIAL-CHURCH OF THE LIVING GOD O

Principal Place of Business

Mailing Address

1214-7TH ST. COURT W.
 BRADENTON FL 34205
 US

508 29TH ST. E.
 PALMETTO FL 34221-2330
 US

2. Principal Place of Business

508-29th St East

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palmetto, FL

City & State

4. FEI Number

59-2357979

Applied For

Not Applicable

Zip

34221

Country

US

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

SIMS, HERMAN
508 29TH ST. E.
PALMETTO FL 34221

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	DT	<input type="checkbox"/> Delete
NAME	SIMS, HERMAN	
STREET ADDRESS	508 29TH ST. E.	
CITY-ST-ZIP	PALMETTO FL	
TITLE	VT	<input type="checkbox"/> Delete
NAME	GREEN, SHIRLEY	
STREET ADDRESS	1214 7TH ST. CT. WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SIMS, LOIS I.	
STREET ADDRESS	508 29TH ST. EAST	
CITY-ST-ZIP	PALMETTO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Lois I. Sims* **Lois I. Sims** 2-4-2000 941-722-9298
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)