

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90052 025 ****70.00

DOCUMENT # N38741

1. Entity Name

**ELSIE HARVEY MEMORIAL-CHURCH OF THE LIVING GOD O
 F BRADENTON, FLORIDA, INC.**

Principal Place of Business

Mailing Address

508- 29TH ST E.
 PALMETTO FL 34221
 US

508 29TH ST. E.
 PALMETTO FL 34221
 US

2. Principal Place of Business

3. Mailing Address

1015-7th St. Ct. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bradenton, Florida

City & State

4. FEI Number

59-2357979

Applied For

Not Applicable

Zip

Country

34205- Manatee

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 Delete
 NAME **DT SIMS, HERMAN**
 STREET ADDRESS **508 29TH ST. E.**
 CITY-ST-ZIP **PALMETTO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VT GREEN, SHIRLEY**
 STREET ADDRESS **1214 7TH ST. CT. WEST**
 CITY-ST-ZIP **BRADENTON FL**

TITLE Change Addition
 NAME **699 Haben Blvd. Apt 202**
 STREET ADDRESS **Palmetto, FL 34221**
 CITY-ST-ZIP

TITLE Delete
 NAME **ST SIMS, LOIS I.**
 STREET ADDRESS **508 29TH ST. EAST**
 CITY-ST-ZIP **PALMETTO FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
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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: *Lois I. Sims* 14 Feb 02 941-722-9278
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)