

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40180

1. Entity Name

THE CHURCH OF THE LIVING GOD THE PILLAR AND GROU

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90125 038 ****75.00

Principal Place of Business

2100 BARKER BLVD
FORT MYERS FL 33916
US

Mailing Address

2100 BARKER BLVD
FORT MYERS FL 33916-4613
US

2. Principal Place of Business

Day care
Suite, Apt. #, etc.
2100 Barker Blvd.
City & State
Fort Myers Fla.
Zip
33916 - *Lee*

3. Mailing Address

same above
Suite, Apt. #, etc.
2100 Barker Blvd
City & State
Fort Myers Fla.
Zip
33916 - *Lee*



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0223901

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOLES, OSSIE L.
2100 BARKER BLVD
FT MYERS FL 33916

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

Ossie Lee Boles

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 | D | <input type="checkbox"/> Delete |
| NAME | BOLES, NIMROD | |
| STREET ADDRESS | 2100 BARKER BLVD | |
| CITY-ST-ZIP | FT MYERS FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BOLES, OSSIE L. | |
| STREET ADDRESS | 2100 BARKER BLVD | |
| CITY-ST-ZIP | FT MYERS FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | GAVIN, WILLIE L | |
| STREET ADDRESS | 2100 BARKER BLVD. | |
| CITY-ST-ZIP | FT. MYERS FL | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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:

Nimrod Boles
WILLIE BEGINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-3-2000 (941) 337-0039

CR2E037 (9/99)