

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90062 044 ****75.00

DOCUMENT # N40180

1. Entity Name

**THE CHURCH OF THE LIVING GOD THE PILLAR AND GROU
ND OF THE TRUTH FOR ALL PEOPLE INCORPORATED**

Principal Place of Business

Mailing Address

**DAY CARE
FORT MYERS FL 33916
US**

**DAY CARE
2100 BARKER BLVD
FORT MYERS FL 33916
US**

2. Principal Place of Business

3. Mailing Address

Day Care
Suite, Apt. #, etc.
2100 Barker Blvd.
City & State
Fort Myers, Fla.
Zip
33916
Country
Lee

2100 Barker Blvd.
Suite, Apt. #, etc.
Fort Myers Fla.
City & State
33916
Zip
Lee
Country



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

7. Name and Address of New Registered Agent

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

Name *Ossie Lee Boles*
Street Address (P.O. Box Number is Not Acceptable)
2100 Barker Blvd
Fort Myers Fla.
City *FL* Zip Code *33916*

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*

4-5-2002

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

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

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* **SIGNATURE REQUIRED** *Nimrod Boles 4-5-2002*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)