

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90086 037 ****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

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

Mailing Address

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

2. Principal Place of Business

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

3. Mailing Address

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



☐ CHECK HERE IF MAKING CHANGES

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 *Ossie Lee Boles*
Street Address (P.O. Box Number is Not Acceptable)
2100 Barker Blvd.
Fort Myers
City *Fort Myers* *FLA* *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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Ossie Lee Boles*
Ossie Lee Boles

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

(NOTE: Registered Agent signature required when reinstating)

DATE *3-5-2003*

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☒

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **SIGNATURE REQUIRED** *Nimrod Boles* *3-5-2003*

CR2E037 (10/02)