

DOCUMENT # N45101

1. Entity Name

GREATER APOSTOLIC ORIGINAL HOLY CHURCH OF GOD, INCORPORATION

FILED

00 AUG -7 PM 2:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

907 SW 3RD ST.
OCALA FL 34474

Mailing Address

P.O. BOX 743
OCALA FL 34478

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3076084

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WASHINGTON, DEBORAH
3 PINE TRACE
OCALA FL 34472

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
After September 13, 2000 min. will be \$236.25

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 D ☐ Delete
NAME GREEN, JAMES
STREET ADDRESS 109 S.W. 11TH AVE.
CITY-ST-ZIP Ocala FL 34474

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DEMPSEY, DOROTHY
STREET ADDRESS 2215 NW 1ST STREET
CITY-ST-ZIP Ocala FL 34475

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME RUTLEDGE, CHARLIE JR
STREET ADDRESS 6881 NW 14TH AVENUE
CITY-ST-ZIP Ocala FL 34475

TITLE ☐ Change ☐ Addition
NAME 300003348453
STREET ADDRESS -08/08/00--01008--013
CITY-ST-ZIP *****5.00 *****5.00

TITLE ☐ Delete
NAME GRAT
STREET ADDRESS PO BOX 1323 NA, 903 SW 3RD ST
CITY-ST-ZIP Ocala FL 34473

TITLE ☐ Change ☐ Addition
NAME 300003348453
STREET ADDRESS -08/08/00--01008--012
CITY-ST-ZIP *****100.00 *****65.00

TITLE P ☐ Delete
NAME WASHINGTON, DEBORAH
STREET ADDRESS 3 PINE TRACE LANE
CITY-ST-ZIP Ocala FL 34472

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME WEEMS, TERRY A
STREET ADDRESS 870 NW 58TH CT
CITY-ST-ZIP Ocala FL 34475

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07-18-00

CR2E037 (5/00)