

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2002 8:00 am**  
**Secretary of State**

01-29-2002 90078 016 \*\*\*\*61.25

**DOCUMENT # N45195**

1. Entity Name

**THE CHURCH OF GOD OF THE ABRAHAMIC FAITH, GAINESVILLE, FLORIDA, INCORPORATED**

Principal Place of Business

Mailing Address

7512 N.W. 218 ST  
 ALACHUA FL 32615

7512 N.W. 218 ST  
 ALACHUA FL 32615

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

**NOT APPLICABLE**

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

**TAYLOR, WILLIAM A**  
**7512 N.W. 218 ST.**  
**ALACHUA FL 32615**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GROFF, DELBERT</b>	
STREET ADDRESS	<b>7220 N.W. 202 ST.</b>	
CITY-ST-ZIP	<b>ALACHUA FL 32615</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LUTZ, RONALD F</b>	
STREET ADDRESS	<b>807 SE 2ND AVE.</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL 32601</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>TAYLOR, WILLIAM A</b>	
STREET ADDRESS	<b>7512 N.W. 218 ST.</b>	
CITY-ST-ZIP	<b>ALACHUA FL 32615</b>	
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		

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		

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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

1/14/02

Date

389-462-2363

Daytime Phone #

CR2E037 (9/01)