

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

FILED
Jul 22, 2003 8:00 am
Secretary of State

07-22-2003 90049 037 *****61.25

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DOCUMENT # N93000001261

1. Entity Name

THE FIRST CHURCH OF GOD, ORLANDO, FLORIDA, INC.



Principal Place of Business

**431 NORTH SEMORAN BOULEVARD
ORLANDO FL 32807**

Mailing Address

**P O BOX 574345
ORLANDO FL 32857**

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 **59-1689739**

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

**YODER, STEPHANIE
537 SUNRIDGE WOODS BLVD
DAVENPORT FL 33837**

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. I am familiar with, and accept the obligations of registered agent.

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 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **KUFELDT, STEVEN J**
STREET ADDRESS **14159 SUNRIVER DR**
CITY-ST-ZIP **ORLANDO FL 32828**

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

TITLE **T** ☐ Delete
NAME **YODER, STEPHANIE**
STREET ADDRESS **537 SUNRIDGE WOODS BLVD**
CITY-ST-ZIP **DAVENPORT FL 33837**

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

TITLE **D** ☒ Delete
NAME **YODER, MARC**
STREET ADDRESS **537 SUNRIDGE WOODS BLVD**
CITY-ST-ZIP **DAVENPORT FL 33837**

TITLE **D** ☐ Change ☒ Addition
NAME **SANDERSON, CHRISTI**
STREET ADDRESS **8912 Badger Ct**
CITY-ST-ZIP **Orlando FL 32829**

TITLE **SD** ☐ Delete
NAME **MOHR, BRENDA**
STREET ADDRESS **2227 BARR CIR**
CITY-ST-ZIP **ORLANDO FL 32807**

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

TITLE **D** ☒ Delete
NAME **MATTHEWS, YVONNE**
STREET ADDRESS **3500 SHAMROCK CT**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **D** ☐ Change ☒ Addition
NAME **MATTHEWS, JIM**
STREET ADDRESS **3500 SHAMROCK CT**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **D** ☐ Delete
NAME **CROSS, MARK**
STREET ADDRESS **77 W CEDARWOOD CIR**
CITY-ST-ZIP **KISSIMMEE FL 34743**

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 #

7/8/03 407.277.0454

CR2E037 (4/03)