

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002285

1. Entity Name

INDIANTOWN FAITH TEMPLE CHURCH OF GOD, INC.

Principal Place of Business

14589 S.W. MARTIN LUTHER KING JR. DRIVE
INDIANTOWN FL 34956

Mailing Address

C/O DANIEL T. WEAVER
8584 S.E. DATE STREET
HOBE SOUND FL 33455-7112
US

2. Principal Place of Business

Suite, Apt. #, etc.

Church Building

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

WEAVER, DANIEL T
8584 SOUTHEAST DATE STREET
HOBE SOUND FL 33455

7. Name and Address of New Registered Agent

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 Daniel T. Weaver (President)

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	WEAVER, DANIEL T	
STREET ADDRESS	C/O 8584 SOUTHEAST DATE STREET	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WEAVER, RAYMOND R	
STREET ADDRESS	C/O 8584 SOUTHEAST DATE STREET	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WEAVER, DANNETTE	
STREET ADDRESS	C/O 8584 SOUTHEAST DATE STREET	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WASHINGTON, JIMMIE	
STREET ADDRESS	C/O 8584 SOUTHEAST DATE STREET	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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: Daniel T. Weaver / Daniel T. Weaver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-00 (54) 545-2955

Date

Daytime Phone #

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90014 006 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (9/99)