

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90167 008 ****70.00

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

DOCUMENT # N94000002413

1. Entity Name
UNITY NEW TESTAMENT CHURCH OF GOD, INC.



Principal Place of Business
**4349 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319**

Mailing Address
**4349 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319**

10085068



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
**4541 NW 36TH STREET
Suite, Apt. #, etc.**

3. Mailing Address
**4541 NW 36TH STREET
Suite, Apt. #, etc.**

City & State
LAUDERDALE LAKES, FLORIDA

City & State
LAUDERDALE LAKES, FLORIDA

4. FEI Number
65-0496076

Applied For
☐ Not Applicable

Zip
33319

Country
USA

Zip
33319

Country
USA

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**FILINGS INC.
3732 N.W. 16TH ST.
FT. LAUDERDALE, FL 33311**

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. 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

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 **P** ☐ Delete
NAME **COULSON, REV MICHAEL**
STREET ADDRESS **4821 NW 39 ST**
CITY-STATE-ZIP **LAUDERDALE LAKES, FL 33319**

TITLE **D** ☐ Delete
NAME **BOOKAL, HIRAM**
STREET ADDRESS **3900 NW 47 AVE**
CITY-STATE-ZIP **LAUDERDALE LAKES, FL 33319**

TITLE **S** ☐ Delete
NAME **SIMPSON DAVIS, JOYE**
STREET ADDRESS **911 SW 70TH WAY**
CITY-STATE-ZIP **NORTH LAUDERDALE, FL 33068**

TITLE **D** ☐ Delete
NAME **SIMON, LESLIE**
STREET ADDRESS **7474 NW 48TH CT**
CITY-STATE-ZIP **LAUDERHILL, FL 33319**

TITLE **AD** ☐ Delete
NAME **MOTHERSILL, ROY**
STREET ADDRESS **1044 LONG ISLAND AVE**
CITY-STATE-ZIP **PORT LAUDERDALE, FL 33512**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6520 NW 44TH COURT**
CITY-STATE-ZIP **LAUDERHILL, FL 33319**

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

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **5401 SW 12TH STREET, APT. C-205**
CITY-STATE-ZIP **NORTH LAUDERDALE, FL 33068**

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 517, 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:

Rev. Michael Coulson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/03 954-731-4500
Date Daytime Phone #

CR2E037 (10/02)