

2 UNIFORM BUSINESS REPORT (UBR)

CUMENT # N94000006019

Entity Name

3LEWAY CHURCH OF GOD IN CHRIST OF OAK HILL, IN

FILED
Feb 05, 2002 8:00 am
Secretary of State

02-05-2002 90009 029 ****61.25

Principal Place of Business

Mailing Address

WILLIE G. WOOD, PASTOR
1 FLAMINGO RD.
OAK HILL FL 32759

% WILLIE G. WOOD, PASTOR
281 FLAMINGO RD.
OAK HILL FL 32759



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3301281

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SWEET, BARBARA G
6120-10 POWERS AVENUE
SUITE 236
JACKSONVILLE FL 32217

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 Delete
 NAME **ST SMITH, T.K.**
 STREET ADDRESS **291 WOOD AVENUE**
 CITY-ST-ZIP **OAK HILL FL**

TITLE Change Addition
 NAME **Church Secretary**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TP PAYNE, SAMUEL**
 STREET ADDRESS **1008 WILKINS STREET**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TAS PAYNE, CHRISTINE**
 STREET ADDRESS **1008 WILKINS STREET**
 CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **T WOOD, WILLIE G**
 STREET ADDRESS **281 FLAMINGO ROAD**
 CITY-ST-ZIP **OAK HILL FL 32759**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Terrence K. Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/15/2002

Daytime Phone #

386
423-1200

CR2E037 (9/01)