

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002633

1. Entity Name

THE PROGRESSIVE CHURCH OF GOD IN CHRIST, INC.

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90159 001 \*\*\*\*61.25

Principal Place of Business

*(Same as mailing address)*

Mailing Address

1241 WEST THARPE STREET  
PARK #6  
TALLAHASSEE FL 32303  
US

3127 SOUTH FULMER CIRCLE  
TALLAHASSEE FL 32303-1721

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

59-3319522

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

WEAVER, CHARLES EDWARD ELDER  
3127 SOUTH FULMER CIRCLE  
TALLAHASSEE FL 32303

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 PD  
NAME WEAVER, II, CHARLES EDWARD ELDER  
STREET ADDRESS 3127 SOUTH FULMER CIRCLE  
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

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

TITLE STD  
NAME ~~WALTERS, ALEXANDRIA E. ATTY~~  
STREET ADDRESS 3127 SOUTH FULMER CIRCLE  
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Delete

TITLE ~~STD~~ VD ☒ Change ☐ Addition  
NAME WEAVER, KATHERINE J. MESSY.  
STREET ADDRESS 3127 SOUTH FULMER CIRCLE  
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE STD  
NAME WALTERS, ALEXANDRIA E. ~~ATTY~~  
STREET ADDRESS ROUTE 7, BOX 4328  
CITY-ST-ZIP QUINCY FL 32351 ☐ Delete

TITLE STD ☒ Change ☐ Addition  
NAME WALTERS, ALEXANDER E. ATTY  
STREET ADDRESS 489 Shiloh Rd.  
CITY-ST-ZIP Quincy, FL 32351

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

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: CHARLES E. WEAVER II **CHARLES E. WEAVER II** 1/4/2000 850-599-3636  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)