

2001 UNIFORM BUSINESS REPORT (UBR)

4/3/1

FILED

Apr 16, 2001 8:00 am
Secretary of State

04-03-2001 90108 036 ****61.25

DOCUMENT # N95000002633 (4)

1. Entity Name

PROGRESSIVE CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

Mailing Address

404 S. OAK STREET
VALDOSTA, GA 31605

499 SHILOH ROAD
QUINCY, FL 32351

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

ELDER CHARLES E. WEAVER II
2933 FINDLEY CHASE
VALDOSTA, GA 31605

Name ATTY. ALEXANDRA E. WALTERS

Street Address (P.O. Box Number is Not Acceptable)

499 SHILOH ROAD

City QUINCY

FL Zip Code 32351

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

Alexandra Walters 4-9-01

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	<input type="checkbox"/> Delete
NAME	ELDER CHARLES E. WEAVER, II	
STREET ADDRESS	2933 FINDLEY CHASE	
CITY-ST-ZIP	VALDOSTA, GA 31605	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MISSY. KATHERINE S. WEAVER	
STREET ADDRESS	2933 FINDLEY CHASE	
CITY-ST-ZIP	VALDOSTA, GA 31605	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ATTY. ALEXANDRA E. WALTERS	
STREET ADDRESS	499 SHILOH ROAD	
CITY-ST-ZIP	QUINCY FL 32351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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		
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: Elder Charles E. Weaver II CHARLES E. WEAVER II 3-28-01 229-253-9090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)