

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

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

04-25-2003 90131 043 ****61.25

DOCUMENT # **N95000002633**

1. Entity Name
THE PROGRESSIVE CHURCH OF GOD IN CHRIST, INC.



Principal Place of Business

**404 S OAK STREET
VALDOSTA GA 31605
US**

Mailing Address

**489 SHILOH ROAD
QUINCY FL 32351
US**

2. Principal Place of Business

**1241 W. Tharpe Street
Suite, Apt. #, etc.
#15**

3. Mailing Address

Suite, Apt. #, etc.

City & State
Tallahassee FL

City & State

Zip
32303 Country
USA

Zip

Country

4. FEI Number **59-3319522**

Applied For

Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**WALTERS, ALEXANDRIA
489 SHILOH ROAD
QUINCY FL 32351**

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

Alexandria Walters

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-03

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	PD	<input type="checkbox"/> Delete
NAME	WEAVER, II, CHARLES EDWARD ELDER	
STREET ADDRESS	2833 FINDLEY CHASE 127 Bragg Drive	
CITY-ST-ZIP	VALDOSTA GA 31605 Tallahassee Fla. 32305	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WEAVER, KATHERINE J	
STREET ADDRESS	2833 FINDLEY CHASE 127 Bragg Drive	
CITY-ST-ZIP	VALDOSTA GA 31605 Tallahassee Fla. 32305	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WALTERS, ALEXANDER E	
STREET ADDRESS	489 SHILOH RD	
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		

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
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STREET ADDRESS	
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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:

Katherine J. Weaver

4/22/03

516-4432

CR2E037 (10/02)