

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **195000003175**

1. Entity Name

CHURCH OF THE LIVING GOD IN CHRIST, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90538 033 ****61.25

Principal Place of Business

Mailing Address

5678 KUMQUAT ROAD
WEST PALM BEACH FLA 33413
US

5678 KUMQUAT RD
WEST PALM BEACH FLA
33413 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc. **BLD**

City & State

City & State

WEST PALM BEACH FLA

Zip

Country

Zip

Country

33413

WPB US

4. FEI Number

65.0591129

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C0049718

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOFIL JOSEPH K.P.A.

3284 NORTH STATE RD 7

LAUDERLAKES FL 33319

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 **P**
STREET ADDRESS **ELLIS, ALBERT P**
CITY-ST-ZIP **5678 KUMQUAT RD**
WEST PALM BEACH FLA 33413

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **ELLIS, EULAM**
CITY-ST-ZIP **5678 KUMQUAT RD**
WEST PALM BEACH FL 33413

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

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **ELLIS, ELVIS E**
CITY-ST-ZIP **20884 NW 2 ST PEMBROOK PINE**
FLA 33029

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
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CITY-ST-ZIP

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TITLE ☐ Delete
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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: **Rev Prince A. Ellis** **PRESIDENT** **4.16.01** **561-712-9348**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)