

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000580

1. Entity Name

PALM BAY COMMUNITY GOSPEL TRUTH CHURCH OF GOD, INC.

FILED

00 SEP -6 PM 2:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1418 Norman Street
Palm Bay, Florida 32907

Mailing Address
1418 Norman Street
Palm Bay, Florida 32907

2. Principal Place of Business
3507 Carriage Gate
Suite, Apt. #, etc.

3. Mailing Address
700 Vega Court NE
Suite, Apt. #, etc.

City & State
Melbourne, Florida

City & State
Palm Bay, Florida

Zip Country
3290202 Brevard

Zip Country
32907 Brevard

DO NOT WRITE IN THIS SPACE
REINSTATEMENT

9770

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

6. Name and Address of Current Registered Agent
THE LAW FIRM OF LAWRENCE J. SPIEGEL CHRTD.
343 Almeria Avenue
Coral Gables, Florida 33134

7. Name and Address of New Registered Agent
Name SPIEGEL & UTRERA, P.A.
Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Avenue
City Coral Gables
Zip 33134

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.

Spiegel & Utrera, P.A.

SIGNATURE By:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Natalia Utrera, Vice President

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	Duncan, Elisha A.	
STREET ADDRESS	1418 Norman Street	
CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE	D	<input type="checkbox"/> Delete
NAME	Fletcher, Wendel	
STREET ADDRESS	1418 Norman Street	
CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE	D	<input type="checkbox"/> Delete
NAME	Fletcher, Beryl	
STREET ADDRESS	1418 Norman Street	
CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE	D	<input type="checkbox"/> Delete
NAME	Duncan, Annie A.	
STREET ADDRESS	1418 Norman Street	
CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE	V	<input type="checkbox"/> Delete
NAME	Borland, Paulene	
STREET ADDRESS	1418 Norman Street	
CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE	S	<input type="checkbox"/> Delete
NAME	Leslie, Pansy	
STREET ADDRESS	1418 Norman Street	
CITY-ST-ZIP	Palm Bay, FL 32907	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Duncan, Elisha A.	
STREET ADDRESS	700 Vega Court NorthEast	
CITY-ST-ZIP	Palm Bay, Florida 32907	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Norman Duncan	
STREET ADDRESS	2830 River Ponte Drive	
CITY-ST-ZIP	Orlando, Florida 32825	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carmen Thomas	
STREET ADDRESS	726 Boeing Street NE	
CITY-ST-ZIP	Palm Bay, Florida 32907	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lloyd Thomas	
STREET ADDRESS	726 Boeing Street NE	
CITY-ST-ZIP	Palm Bay, Florida 32907	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carmen Thomas	
STREET ADDRESS	726 Boeing Street NE	
CITY-ST-ZIP	Palm Bay, Florida 32907	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Annie Duncan	
STREET ADDRESS	700 Vega Court NE	
CITY-ST-ZIP	Palm Bay, Florida 32907	

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:

Elisha A. Duncan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

CR2E037 (9/99)