

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

**FILED**  
**Feb 12, 2003 8:00 am**  
**Secretary of State**

02-12-2003 90082 044 \*\*\*\*69.00

**DOCUMENT # N96000000580**



**1. Entity Name**  
**PALM BAY COMMUNITY GOSPEL TRUTH CHURCH OF GOD, I NC.**

**Principal Place of Business**  
**3507 CARRIAGE GATE DRIVE**  
**MELBOURNE FL 32902**

**Mailing Address**  
**700 VEGA COURT NE**  
**PALM BAY FL 32907**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number 59-3357662**

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**

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

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**

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 Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	<input type="checkbox"/> Delete
NAME	DUNCAN, ELISHA A	
STREET ADDRESS	700 VEGA COURT NORTHEAST	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DUNCAN, NORMAN	
STREET ADDRESS	2830 RIVER PONTE DRIVE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, CARMEN	
STREET ADDRESS	726 BOEING STREET NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, LLOYD	
STREET ADDRESS	726 BOEING STREET NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, CARMEN	
STREET ADDRESS	726 BOEING STREET NE	
CITY-ST-ZIP	PALM BAY FL 32907	
TITLE	T	<input type="checkbox"/> Delete
NAME	DUNCAN, ANNIE	
STREET ADDRESS	700 VEGA COURT NE	
CITY-ST-ZIP	PALM BAY FL 32907	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fitzgerald D. Lawrence	
STREET ADDRESS	1860 Kansas Rd. SE	
CITY-ST-ZIP	Palm Bay, Fla. 32909	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maria J. Lawrence	
STREET ADDRESS	1860 Kansas Rd. SE	
CITY-ST-ZIP	Palm Bay, Fla. 32909	
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:**

*Elisha A. Duncan* **RECEIVED** *Elisha A. Duncan* **Feb. 8. 03** **321-951-4489**

CR2E037 (10/02)