

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90011 035 \*\*\*\*\*70.00

**DOCUMENT # N96000003361**

1. Entity Name

**BUELAH LAND CHRISTIAN CENTER, CHURCH OF GOD IN C**

Principal Place of Business

Mailing Address

**C/O NORMAN RAIFORD  
 8628 DOVERBROOK DR.  
 PALM BEACH GARDENS FL 33410**

**C/O NORMAN RAIFORD  
 8628 DOVERBROOK DR.  
 PALM BEACH GARDENS FL 33410**

**C0035494**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**31-1565118**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**RAIFORD, NORMAN  
 8628 DOVERBROOK DR.  
 PALM BEACH GARDENS FL 33410**

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 PD ☐ Delete  
 NAME RAIFORD, NORMAN  
 STREET ADDRESS 8628 DOVERBROOK DR.  
 CITY-ST-ZIP PALM BEACH GARDENS FL 33410

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

TITLE D ☐ Delete  
 NAME COLEMAN, RONNIE  
 STREET ADDRESS 344 DATE PALM DR.  
 CITY-ST-ZIP LAKE PARK FL 33403

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

TITLE D ☐ Delete  
 NAME LEWIS, JERRY  
 STREET ADDRESS 1348 N. MAGNOLIA DR.  
 CITY-ST-ZIP WEST PALM BEACH FL 33401

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

TITLE VD ☐ Delete  
 NAME RAIFORD, NORMAN A II  
 STREET ADDRESS 1101 W 1ST STREET  
 CITY-ST-ZIP RIVIERA BEACH FL 33404

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/14/01 (561) 848-8793**

Date Daytime Phone #

CR2E037 (10/00)