

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 21, 2001 08:00 AM****Secretary of State****DOCUMENT # N96000004338**1. Entity Name  
OVIEDO CHURCH OF GOD, INC.

Principal Place of Business	Mailing Address
300 WEST MITCHELL-HAMMOCK ROAD SUITE 7 OVIEDO FL 32765	300 WEST MITCHELL-HAMMOCK ROAD SUITE 7 OVIEDO FL 32765

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number  
**59-2957549**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

NEWTON KENNETH L  
2385 RICE CREEK COURT  
  
OVIEDO FL 32765 US

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 \_\_\_\_\_ 03/21/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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	TR	<input type="checkbox"/> Delete
NAME	NEWTON KENNETH L	
STREET ADDRESS	2385 RICE CREEK COURT	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE	TR	<input type="checkbox"/> Delete
NAME	SHAW JOSEPH	
STREET ADDRESS	2846 PERCIVAL ROAD	
CITY-ST-ZIP	ORLANDO FL 32826	
TITLE	TR	<input type="checkbox"/> Delete
NAME	DANIELS LEWIS WREV	
STREET ADDRESS	1017 BARTLETT COURT	
CITY-ST-ZIP	OVIEDO FL 32765	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEWTON KENNETH LMIN		
STREET ADDRESS	2385 RICE CREEK COURT		
CITY-ST-ZIP	OVIEDO FL 32765		
TITLE	TR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHAW JOSEPH DEA		
STREET ADDRESS	2846 PERCIVAL ROAD		
CITY-ST-ZIP	ORLANDO FL 32826		
TITLE	TR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DANIELS LEWIS WREV		
STREET ADDRESS	5185 LOMA VISTA CIRCLE #113		
CITY-ST-ZIP	OVIEDO FL 32765		
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			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Kenneth E. Newton TR 03/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)