

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

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90159 022 ****61.25

DOCUMENT # N96000005418

1. Entity Name

FIRST CHURCH OF GOD, OSPREY, FLORIDA, INC.



Principal Place of Business

**235 N. TAMiami TRAIL
OSPREY FL 34229**

Mailing Address

**PO BOX 75
OSPREY FL 34229**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1920959**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BENNER, LEWIS
7326 DEER CROSSING CT.
SARASOTA FL 34240**

7. Name and Address of New Registered Agent

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

Lewis Benner - Treasurer

3/17/03

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	D	<input type="checkbox"/> Delete
NAME	BALDWIN, DIANE	
STREET ADDRESS	5659 SUMMERSIDE LN	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARRETT, ESTHER	
STREET ADDRESS	42 W. OAK ST., LOT A-2	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOLF, DANNIEL	
STREET ADDRESS	37 W OAK ST	
CITY-ST-ZIP	OSPREY FL 34229	
TITLE	P	<input type="checkbox"/> Delete
NAME	DOUGLAS, THOMAS	
STREET ADDRESS	3325 8TH STREET	
CITY-ST-ZIP	OSPREY FL 34237-4707	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, DEAN	
STREET ADDRESS	1173 CORAL LAKE DR	
CITY-ST-ZIP	VENICE FL 34292	
TITLE	D	<input type="checkbox"/> Delete
NAME	BENNER, LEWIS	
STREET ADDRESS	7326 DEER CROSSING CT.	
CITY-ST-ZIP	SARASOTA FL 34240	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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:

Lewis Benner

3/17/03

(941) 302-2348

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER