

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000006105

1. Entity Name

RESTORATION FELLOWSHIP CHURCH OF GOD N CHRIST, I
NC.

Principal Place of Business

407 10TH AVE EAST
HAVANA FL 32333
US

Mailing Address

PO BOX 101
WOODVILLE FL 32362

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SMITH, VINCENT
673 HENRY JONES ROAD
TALLAHASSEE FL 32310

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.

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

TITLE PD
NAME SMITH, VINCENT ☐ Delete
STREET ADDRESS 673 HENRY JONES RD
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE VD
NAME SMITH, GWENDOLYN A ☐ Delete
STREET ADDRESS 673 HENRY JONES RD
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE STD
NAME CANNON, CAROLYN ☐ Delete
STREET ADDRESS 1044 CRYSTAL RD
CITY-ST-ZIP TALLAHASSEE FL 32310

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☐ 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:

VINCENT SMITH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/02 858-421-4226
Date Daytime Phone #

FILED
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90270 037 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)