

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002097

1. Entity Name

BELLE GLADE SEVENTH DAY CHURCH OF GOD INC.

**FILED**  
**Jul 18, 2000 8:00 am**  
**Secretary of State**

07-18-2000 90011 008 \*\*\*\*61.25

Principal Place of Business

BELLE GLADE FL  
BELLE GLADE FL 33430

Mailing Address

630 S MAIN ST  
BELLE GLADE FL 33430

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

65-0752733

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BLACKWOOD, RUDLEY E  
4756 PAULIE COURT  
WEST PALM BEACH FL 33415

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**  
**After September 13, 2000 min. will be \$236.25**

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	VD	<input type="checkbox"/> Delete
NAME	BREARCLIFFE, URIAH	
STREET ADDRESS	4675 ORLEANS CT	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE	AD	<input type="checkbox"/> Delete
NAME	MORRINSON, SAMUEL	
STREET ADDRESS	101 SE AVE M	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MORRINSON, JUNE	
STREET ADDRESS	101 SE AVE M	
CITY-ST-ZIP	BELLE GLADE FL 33430	
TITLE	BMD	<input type="checkbox"/> Delete
NAME	JONES, THERESA	
STREET ADDRESS	2028 DOCK ST	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	BM	<input type="checkbox"/> Delete
NAME	BLACKWOOD, JOAN	
STREET ADDRESS	4756 PAULIE CT.	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
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STREET ADDRESS		
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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)(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:

*June MORRISON* **June MORRISON** 7-13-00 561-996-0011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)