

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90113 015 \*\*\*\*61.25

**DOCUMENT # N97000002348**

1. Entity Name

**CHRISTIAN UNITED FELLOWSHIP TRUE CHURCH OF GOD, INC.**

Principal Place of Business

Mailing Address

**2412 S. HARBOR CITY BLVD.  
 MELBOURNE FL 32901**

**PO BOX 2864  
 MELBOURNE FL 32902-2864**

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

**59-3443273**

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

7. Name and Address of New Registered Agent

**BLACKMON, JOE N BISH  
 603 EAST WALL STREET  
 MELBOURNE FL 32901**

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	<input type="checkbox"/> Delete
NAME	BLACKMON, JOE N BISH	
STREET ADDRESS	608 EAST WALL STREET	
CITY-ST-ZIP	MELBOURNE FL 32901	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	VALENTINE, JOSEPH L REV	
STREET ADDRESS	502 DEDHAM STREET N.E.	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCINTYRE, DAVID REV	
STREET ADDRESS	1049 NEWBERN STREET N.E.	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MCINTYRE, HESTER MIN	
STREET ADDRESS	1049 NEWBERN STREET N.E.	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MOORE, DORETHA	
STREET ADDRESS	2215 ADAMS STREET NE	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE		<input type="checkbox"/> Delete

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EVA NGEL ST, Bernice, Cobie	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1375, RAMBLE BROOK ST, SE	
STREET ADDRESS	MALABAR, FL, 32950	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACKMON, MAY S	
STREET ADDRESS	608, WALLS, ST	
CITY-ST-ZIP	MELB, FL 32901	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARVEY, ANNIE DORIS I	
STREET ADDRESS	781 ANGLE, ST NE	
CITY-ST-ZIP	PALM Bay, FL 32905	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	codie, BERNEIE, EVG	
STREET ADDRESS	1375, RAMBLE BROOK, ST SE	
CITY-ST-ZIP	MALABAR, FL 32950	

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:

*Joe N Bish*

1/3/02

CR2E037 (9/01)