## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## **FILED** Mar 23, 2000 8:00 am Secretary of State DOCUMENT # N97000006052 1. Entity Name GLORIOUS COVENANT CHURCH, INC. 03-23-2000 90040 036 \*\*\*\*61.25 Principal Place of Business Mailing Address 530 W. SWOOPE AVENUE 530 W. SWOOPE AVENUE SUITE A SUITE 'A 0.0043865 WINTER PARK FL 32789 WINTER PARK FL 32789-3128 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number City & State City & State Applied For 59-3464891 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WEST, REGINA 530 W. SWOOPE AVENUE SUITE A Zip Code City WINTER PARK FL 32789 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NQTE: Registered Agent signature required when reinstating) FILE NOW: 😕 **19.**: Election Campaign Financing Make Check Payable to \$5.00 May Be 湯堤 jrTrust Fund Contribution。 ்த் (சுர்) \_\_\_FEE IS \$61.25 Added to Fees **Department of State** 海樹 松色に ちゃっ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME, REATHY, BARBARA STREET ADDRESS STREET ADDRESS 786B ORIENTA AVE CJTY-ST-ZJP CITY-ST-ZIP ALTAMONTE SPRINGS FL 32702 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME WEST, REGINA NAME STREET ADDRESS STREET ADDRESS 530 W SWOOPE AVE STE A CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Delete TITLE ☐ Change ☐ Addition TITLE NAME HORSLEY, ANTHONY C. NAME STREET ADDRESS STREET ADDRESS 2508 CARVER ST CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32801 TITLE Delete TITLE ☐ Channe ☐ Addition NAME SIMMONS, ROSE B NAME STREET ADDRESS STREET ADDRESS 511 W SWOOPE AVE #A CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 Delete ☐ Change ☐ Addition TITLE TITLE DIXON, RHONDA V. NAME NAME STREET ADDRESS STREET ADDRESS 530 W SWOOPE AVE #A CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 TITLE ☐ Addition ☐ Delete TITLE BROWN-TAYLOR, LENORA NAME NAME STREET ADDRESS STREET ADDRESS 206 S. HOLLY AVE CITY-ST-ZIP CITY-ST-7IP SANFORD FL 32771 12. I hereby certify that the information supplied with this filling 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