

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006710

1. Entity Name

UNITED 7TH DAY CHURCH OF GOD, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90007 017 ****61.25

Principal Place of Business

Mailing Address

3090 N.W.
7TH STREET
FORT LAUDERDALE FL 33311
US

C/O PASTOR BRUCKIE BROWN
1909 HAVERHILL RD. #7
WEST PALM BEACH FL 33417-4651
US

715334



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3090 N.W.
7th Street
Fort Lauderdale Fla

Suite, Apt. #, etc.
1909 HAVERHILL Rd #7
West Palm Beach Fla

City & State
Fort Lauderdale Fla

City & State
West Palm Beach Fla

Zip
33311

Country
USA

Zip
33417

Country
USA

4. FEI Number

65-0796263

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROWN, BRUCKIE
1909 HAVER HILL RD
WEST PALM BEACH FL 33417

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 Bruckie Brown
Signature, typed or printed name of registered agent and title if applicable.

Bruckie Brown

2-15-2000

(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	BROWN, BRUCKIE	
STREET ADDRESS	1909 HAVER HILL RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NOBLE, JEFFERY	
STREET ADDRESS	884 PENNSYLVANIA AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BURKE, ROSALEE	
STREET ADDRESS	1909 HAVER HILL RD	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, VILMA	
STREET ADDRESS	4531 LULLABY RD	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, ERNEST	
STREET ADDRESS	3901 NW 46 TERRACE	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCOTT, SHARON	
STREET ADDRESS	1909 HAVERHILL, APT 7	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

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

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: Bruckie Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)