

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006710

1. Entity Name

UNITED 7TH DAY CHURCH OF GOD, INC.

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90060 024 \*\*\*\*61.25

Principal Place of Business

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

Mailing Address

1909 HAVERHILL RD. #7  
WEST PALM BEACH FL 33417  
US

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

**NOT APPLICABLE**

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

**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

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 ☐ Delete  
NAME **PD**  
STREET ADDRESS **BROWN, BRUCKIE**  
CITY-ST-ZIP **1909 HAVER HILL RD**  
**WEST PALM BEACH FL 33417**

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

TITLE ☒ Delete  
NAME **VD**  
STREET ADDRESS **NOBLE, JEFFERY**  
CITY-ST-ZIP **884 PENNSYLVANIA AVE**  
**FORT LAUDERDALE FL 33312**

TITLE ☒ Change ☒ Addition  
NAME **VD**  
STREET ADDRESS **GOFFE, CARLINGTON**  
CITY-ST-ZIP **1473 LAKE CRYSTAL DR. # D**  
**W.P.B. Fla 33411**

TITLE ☐ Delete  
NAME **STD**  
STREET ADDRESS **BURKE, ROSALEE**  
CITY-ST-ZIP **1909 HAVER HILL RD**  
**WEST PALM BEACH FL 33417**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **THOMPSON, VILMA**  
CITY-ST-ZIP **4531 LULLABY RD**  
**NORTH PORT FL 34287**

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

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **WILLIAMS, ERNEST**  
CITY-ST-ZIP **3901 NW 46 TERRACE**  
**LAUDERDALE LAKES FL 33311**

TITLE ☒ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **Livingston, Kathleen**  
CITY-ST-ZIP **2974 N.W. 92 ST**  
**MIAMI Fla**

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SCOTT, SHARON**  
CITY-ST-ZIP **1909 HAVERHILL, APT 7**  
**WEST PALM BEACH FL 33417**

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: **BRUNAT BROWN REQUIRED**

**3-3-001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)