

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2001 8:00 am
Secretary of State

05-01-2001 90131 048 ****61.25

DOCUMENT # N98000000290

1. Entity Name

CHURCH OF GOD MARK 16:15, INC.

LA

Principal Place of Business

2325 SHAMROCK DR. E.
 HAINES CITY FL 33844

Mailing Address

P.O. BOX 2064
 DAVENPORT FL 33838

76804

2. Principal Place of Business

2425 SHAMROCK DR. EAST

3. Mailing Address

P.O. BOX 2064



DO NOT WRITE IN THIS SPACE

City & State

HAINES CITY

Suite, Apt. #, etc.

City & State

HAINES CITY

4. FEI Number

59-3634274

Applied For

Not Applicable

Zip

Country

POLK

Zip

33836

Country

polk

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

D
 PEREZ, ANIBAL D
 2325 SHAMROCK DR. E.
 HAINES CITY FL 33844

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 P
 STREET ADDRESS PEREZ, ANIBAL
 CITY-ST-ZIP 2325 SHAMROCK DR. E.
 HAINES CITY FL 33844

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

TITLE ☐ Delete
 NAME ST
 STREET ADDRESS PEREZ, CELIA
 CITY-ST-ZIP 2325 SHAMROCK DR. E.
 HAINES CITY FL 33844

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

TITLE ☒ Delete
 NAME M
 STREET ADDRESS PAGAN, EUGENIO
 CITY-ST-ZIP 8940 SONORA RD
 POLK CITY FL 33868

TITLE ☐ Change ☒ Addition
 NAME M
 STREET ADDRESS TORRES, JORGE A.
 CITY-ST-ZIP 302 EAST ORANGE STREET
 DAVENPORT, FL. 33837

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

[Signature] ONE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 27, 2001

Date

Daytime Phone #

CR2037 (10/00)