

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000290

1. Entity Name

CHURCH OF GOD MARK 16:15, INC.

Principal Place of Business

2425 SHAMROCK DR EAST
HAINES CITY FL 33844

Mailing Address

P.O. BOX 2064
DAVENPORT FL 33836

2. Principal Place of Business

2325 SHAMROCK DR E

3. Mailing Address

P.O. BOX 2064

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Haines City, FL

City & State

Davenport FL

Zip
33844

Country
FL

Zip
33836

Country
FL

4. FEI Number

59-3634274

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MT
NAME TORRES, JORGE A
STREET ADDRESS 302 EAST ORANGE STREET
CITY-ST-ZIP DAVENPORT FL 33837

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 2002

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)