

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001842

1. Entity Name

THE ALTAR OF GOD HOLINESS CHURCH INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90142 033 ****61.25

Principal Place of Business

Mailing Address

100 AVENUE
VERO BEACH FL 32967-3010

8949 100 AVENUE
VERO BEACH FL 32967-3010

910200



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6 N. Pine St.
Suite, Apt. #, etc.

3. Mailing Address

8949 - 100th Ave.
Suite, Apt. #, etc.

City & State

Fellsmere, FL

City & State

VERO BEACH, FL

4. FEI Number

65-0817796

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

32948

USA

Zip

32967

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Same -

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

YATES, ROGER E REV.
8949 100 AVENUE
VERO BEACH FL 32967-3010

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 YATES, ROGER E
CITY-ST-ZIP 8949 100 AVENUE
VERO BEACH FL 32967-3010

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME VD
STREET ADDRESS POWELL, JOHN A
CITY-ST-ZIP P.O. BOX 1027
VERO BEACH FL 32961

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME D
STREET ADDRESS GIBSON, DAVID
CITY-ST-ZIP 1650 21ST AVENUE, SW
VERO BEACH FL 32962

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME D
STREET ADDRESS MAGNEES, ROBERT
CITY-ST-ZIP 99 N ORANGE ST
FELLSMERE FL 32948

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME T
STREET ADDRESS HAYS, MYRTLE
CITY-ST-ZIP 491 PONOKA ST
SEBASTIAN FL 32958

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME D
STREET ADDRESS YATES, DENNIS
CITY-ST-ZIP P.O. BOX 527
FELLSMERE FL 32948

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 of Signing Officer or Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-08-00 561-388-2669

Date

Daytime Phone #

CR2E037 (9/99)