


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90079 034 ****61.25

DOCUMENT # N98000001842	
1. Entity Name THE ALTAR OF GOD HOLINESS CHURCH INC.	

Principal Place of Business 6 N PINE ST FELLSMERE FL 32948 US	Mailing Address 8949 100 AVENUE VERO BEACH FL 32967 US
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0817796	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent YATES, ROGER E REV. 8949 100 AVENUE VERO BEACH FL 32967-3010	7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME YATES, ROGER E STREET ADDRESS 8949 100 AVENUE CITY-ST-ZIP VERO BEACH FL 32967-3010	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition No change
TITLE VD NAME POWELL, JOHN A STREET ADDRESS P.O. BOX 1027 CITY-ST-ZIP VERO BEACH FL 32961	<input type="checkbox"/> Delete	TITLE VD. POWELL, John A NAME 8260 Pine Ridgetrail STREET ADDRESS Sebastian, FL 32976 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME GIBSON, DAVID STREET ADDRESS 1650 21ST AVENUE, SW CITY-ST-ZIP VERO BEACH FL 32962	<input type="checkbox"/> Delete	TITLE D NAME Gibson, David STREET ADDRESS 211 Edward Dr. CITY-ST-ZIP Sebastian, FL 32958	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME DEBAUN, MAURICE STREET ADDRESS P.O. BOX 18 CITY-ST-ZIP FELLSMERE FL 32948	<input type="checkbox"/> Delete	TITLE D NAME Debaun, MAURICE STREET ADDRESS P.O. Box 562 CITY-ST-ZIP WICKLIFFE, Ky 42087	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME HAYS, MYRTLE STREET ADDRESS 491 PONOKA ST CITY-ST-ZIP SEBASTIAN FL 32958	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME WINGATE, FLOYD STREET ADDRESS 2508 85TH CT CITY-ST-ZIP VERO BEACH FL 32966	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED **1-11-03 772-388-2669**

CR2E037 (10/02)