

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002859

1. Entity Name

QUINCY AND COMMUNITY DELIVERANCE CHURCH OF GOD I

Principal Place of Business

515 SOUTH ROBERTS STREET  
QUINCY FL 32351

Mailing Address

P.O. BOX 991  
QUINCY FL 32353-0991

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

GREEN, WILLIE C  
515 S. ROBERTS STREET  
QUINCY FL 32351

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete  
NAME GREEN, WILLIE C ELDER  
STREET ADDRESS 515 SOUTH ROBERTS STREET  
CITY-ST-ZIP QUINCY FL 32351

TITLE D ☐ Delete  
NAME GREEN, CHRISTINA  
STREET ADDRESS RT. 7 BOX 1659  
CITY-ST-ZIP QUINCY FL 32351

TITLE STD ☐ Delete  
NAME WILLIAMS, PATRICIA  
STREET ADDRESS RT. 7 BOX 3937  
CITY-ST-ZIP QUINCY FL 32351

TITLE VPD ☐ Delete  
NAME GREEN, JOSEPH  
STREET ADDRESS RTE. 1 BOX 2811  
CITY-ST-ZIP HAVANA FL 32333

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

*Willie C. Greer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000

Date

880-627-9089  
Daytime Phone #

FILED  
May 13, 2000 8:00 am  
Secretary of State

05-13-2000 90042 044 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required