

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

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90115 012 ****70.00

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1. Entity Name
MINISTRIES OF GOD CHURCH, INC.



Principal Place of Business

**2949 NEW HOPE ROAD
TAZ LANE
MARIANNA FL 32448
US**

Mailing Address

**P.O. BOX 897
MARIANNA FL 32447**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

2949 New Hope Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MOG Lane

City & State

Marianna, FL

City & State

4. FEI Number **59-3459293**

Applied For

Not Applicable

Zip

32448

Country

U.S.

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WOODEN, JEFFREY J

**4443 CRUTCHFIELD DRIVE, APT 4
MARIANNA FL 32446**

7. Name and Address of New Registered Agent

Name **Jeffrey J. Wooden**

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

2947 New Hope Rd.

City

Marianna

FL

Zip Code

32448

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

Jeffrey J. Wooden

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-10-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **BIVENS, DIEDRA**
STREET ADDRESS **1159 SOUTH BLVD**
CITY-ST-ZIP **CHIPLEY FL 32428**

TITLE **PD** ☐ Delete
NAME **WOODEN, JEFFREY**
STREET ADDRESS **4443 CRUTCHFIELD DRIVE APT. 4**
CITY-ST-ZIP **MARIANNA FL 32446**

TITLE **D** ☐ Delete
NAME **JOHNSON, CLEO**
STREET ADDRESS **8006 RAILROAD LANE**
CITY-ST-ZIP **MARIANNA FL 32460**

TITLE **VD** ☐ Delete
NAME **WOODEN, DEBRA**
STREET ADDRESS **4443 CRUTCHFIELD DRIVE, APT 4**
CITY-ST-ZIP **MARIANNA FL 32446**

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 **D** ☒ Change ☐ Addition
NAME **Bivens, Diedra**
STREET ADDRESS **551 Davis St.**
CITY-ST-ZIP **Chipley, FL 32428**

TITLE **PD** ☒ Change ☐ Addition
NAME **Wooden, Jeffrey**
STREET ADDRESS **2979 New Hope Rd.**
CITY-ST-ZIP **Marianna, FL 32448**

TITLE **CD** ☒ Change ☐ Addition
NAME **Johnson, Cleo**
STREET ADDRESS **3128 Union Hill Rd**
CITY-ST-ZIP **Marianna, FL 32446**

TITLE **VD** ☒ Change ☐ Addition
NAME **Wooden, Debra**
STREET ADDRESS **2979 New Hope Rd.**
CITY-ST-ZIP **Marianna, FL 32448**

TITLE **SD** ☐ Change ☒ Addition
NAME **Bellamy, Patricia**
STREET ADDRESS **4417 Orchard Pointe Dr. Apt #6F**
CITY-ST-ZIP **Marianna, FL 32446**

TITLE **MD** ☐ Change ☒ Addition
NAME **Hooks, Walter**
STREET ADDRESS **7360 Gordon**
CITY-ST-ZIP **Navarre, FL 32566**

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:

Jeffrey J. Wooden

2-11-03 (850) 482-8977

CR2E037 (10/02)