

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004304

1. Entity Name

SOUTHERNMOST CHURCH OF GOD IN CHRIST, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90087 021 ****70.00

Principal Place of Business

729 FLEMING STREET
KEY WEST FL

Mailing Address

PO BOX 1452
KEY WEST FL 33041-1452

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0888110

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HICKS, BARNEY J ELDER
912 ASHE STREET, APT C
KEY WEST FL 33040

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

Barney J. Hicks

5-2-00

Signature, typed or printed name of registered agent and fee 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	T	<input checked="" type="checkbox"/> Delete
NAME	BURCHILL, LEANNE	
STREET ADDRESS	1300 15TH CT LOT #14	
CITY-ST-ZIP	KEY WEST FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	FORD, JOHN	
STREET ADDRESS	3333 DUCK AVE A-203	
CITY-ST-ZIP	KEY WEST FL	
TITLE	TT	<input type="checkbox"/> Delete
NAME	JOHNSON, JUANITA	
STREET ADDRESS	1200 ASHBY ST	
CITY-ST-ZIP	KEY WEST FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCOTT, DIANE	
STREET ADDRESS	G-8 GEORGE ALLAN APT	
CITY-ST-ZIP	KEY WEST FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HICKS, KRISTINA	
STREET ADDRESS	912 ASHE ST APT C	
CITY-ST-ZIP	KEY WEST FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HICKS, BARNEY J	
STREET ADDRESS	912 ASHE ST APT C	
CITY-ST-ZIP	KEY WEST FL	

TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phifer Robin	
STREET ADDRESS	624 Mickens Lane	
CITY-ST-ZIP	Key West, FL 33040	
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rosemary Rahming	
STREET ADDRESS	908 Thomas Street	
CITY-ST-ZIP	Key West, FL 33040	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Barney J. Hicks

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-2-00

Date

305-293-1540

Daytime Phone #