

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90095 045 ****70.00

DOCUMENT # N98000004304

1. Entity Name

SOUTHERNMOST CHURCH OF GOD IN CHRIST, INC.

Principal Place of Business

Mailing Address

**729 FLEMING STREET
 KEY WEST FL**

**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

Zip

Country

Zip

Country

4. FEI Number

65-0888110

Applied For

Not Applicable

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 33041**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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

T NAME PHIFER, ROBIN STREET ADDRESS 624 MICKENS LN CITY-ST-ZIP KEY WEST FL 33040	<input type="checkbox"/> Delete	T/D NAME Rahming, Kenneth STREET ADDRESS 2304 Fogarty Ave CITY-ST-ZIP Key West, FL 33040	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T NAME RAHMING, ROSEMARY STREET ADDRESS 908 THOMAS ST CITY-ST-ZIP KEY WEST FL 33040	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TT NAME JOHNSON, JUANITA STREET ADDRESS 1200 ASHBY ST CITY-ST-ZIP KEY WEST FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
T NAME SCOTT, DIANE STREET ADDRESS G-8 GEORGE ALLAN APT CITY-ST-ZIP KEY WEST FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME HICKS, KRISTINA STREET ADDRESS 912 ASHE ST APT C CITY-ST-ZIP KEY WEST FL	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME HICKS, BARNEY J STREET ADDRESS 912 ASHE ST APT C CITY-ST-ZIP KEY WEST FL	<input type="checkbox"/> Delete		<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: Barney J. Hicks 9/10/02 305-304-5716

CR2E037 (4/02)