

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

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90237 014 ****80.00

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1. Entity Name
SOUTHERNMOST CHURCH OF GOD IN CHRIST, INC.



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
Suite, Apt. #, etc.

3. Mailing Address
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

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

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

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> Delete
NAME	PHIFER, ROBIN	
STREET ADDRESS	624 MICKENS LN	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	T	<input type="checkbox"/> Delete
NAME	RAHMING, ROSEMARY	
STREET ADDRESS	908 THOMAS ST	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	TT	<input checked="" 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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Trustee (T)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kenny Rahming, Jr	
STREET ADDRESS	2304 FOAGARTY AVE	
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		
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: **SIGBATH**

Feb. 11, 2003 (305) 304-5716

CR2E037 (10/02)