

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005626

1. Entity Name

FRESH ANOINTING CHURCH OF GOD IN CHRIST, INC.

**FILED**  
**Aug 10, 2000 8:00 am**  
**Secretary of State**

08-10-2000 90005 005 \*\*\*\*61.25

Principal Place of Business

Mailing Address

232 WEST 8TH STREET  
APOPKA FL 32703

6736 GOLDENEYE DR.  
ORLANDO FL 32810

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3536956

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

ROSE, RICKY  
6736 GOLDENEYE DRIVE  
ORLANDO FL 32810

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**  
**After September 13, 2000 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

TITLE PD ☐ Delete  
NAME ROSE, RICKY  
STREET ADDRESS 6736 GOLDENEYE DRIVE  
CITY-ST-ZIP ORLANDO FL 32810

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

TITLE CD ☐ Delete  
NAME HICKS, TOMMY  
STREET ADDRESS 1111 SOUTH CENTRAL  
CITY-ST-ZIP APOPKA FL 32703

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

TITLE SD ☐ Delete  
NAME ROSE, CHARLENE  
STREET ADDRESS 6736 GOLDENEYE DRIVE  
CITY-ST-ZIP ORLANDO FL 32810

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

TITLE D ☐ Delete  
NAME HICKS, BRUCIE  
STREET ADDRESS 28 WEST 17TH STREET  
CITY-ST-ZIP APOPKA FL 32703

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

TITLE D ☐ Delete  
NAME CARROLL, JUNIES  
STREET ADDRESS 154 AVALON ROAD  
CITY-ST-ZIP WINTER GARDEN FL 34787

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

TITLE D ☐ Delete  
NAME MURRAY, CARL  
STREET ADDRESS 14 EAST ALBRATROSS STREET  
CITY-ST-ZIP APOPKA FL 32712

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:

**SIGNATURE REQUIRED**

8-8-2000

Date

Daytime Phone #

CR2E037 (5/00)