

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000006642

1. Entity Name

GREAT COMMISSION INTERNATIONAL CHURCH, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90005 027 ****61.25

Principal Place of Business

Mailing Address

WALTER LITTLE RD
 LAKE CITY FL 32055
 US

RT. 12, BOX 462, FAWN DR.
 LAKE CITY FL 32025-8828

2. Principal Place of Business

RT-18 BOX 200

3. Mailing Address

RT-18 BOX 200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lake City FL

City & State

Lake City FL

Zip

32025 USA

Zip

32025 USA

4. FEI Number

NOT APPLICABLE

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

GUL, GUNEY
 RT. 12, BOX 462, FAWN DR.
 LAKE CITY FL 32025

Name DAVE KRAHNKE

Street Address (Rt. Box Number is Not Acceptable)
 RT-18 BOX 200

City Lake City

FL

Zip Code 32025

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

Dave Krahnke

DAVE KRAHNKE DIRECTOR 5-1-2000

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

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 D
 NAME GUL, GUNEY
 STREET ADDRESS RT. 12, BOX 462, FAWN DR.
 CITY-ST-ZIP LAKE CITY FL 32025 ☒ Delete

TITLE D
 NAME JON JACKSON
 STREET ADDRESS RT-12 BOX 7
 CITY-ST-ZIP Lake City FL 32025 ☐ Change ☒ Addition

TITLE D
 NAME COATS, ROBERT L
 STREET ADDRESS RT. 17, BOX 2514 GERRI RD.
 CITY-ST-ZIP LAKE CITY FL 32055 ☒ Delete

TITLE D
 NAME Jody Howell
 STREET ADDRESS RT-22 BOX 944
 CITY-ST-ZIP Lake City FL 32024 ☐ Change ☒ Addition

TITLE D
 NAME ANDERSON, EDDIE M
 STREET ADDRESS 624 SOUTH HERNANDO ST.
 CITY-ST-ZIP LAKE CITY FL 32024 ☒ Delete

TITLE D
 NAME DAVE KRAHNKE
 STREET ADDRESS RT-21 BOX 601
 CITY-ST-ZIP Lake City FL 32024 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

DAVE KRAHNKE

5-1-2000

904 754-0949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)