

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Annual Report

CORPORATION
~~REINSTATEMENT~~



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL 14 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 99 000000386

1. Corporation Name

United Church of God IN Christ, Inc.

2. Principal Office Address - No P.O. Box

6774 C.R. 559

3. Mailing Address

P.O. Box 906

4. State

City & State

Bushnell, FL 33513 Bushnell, FL 33513

Zip

Zip

33513

33513

4. Date incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0891966

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 - Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Elder Joseph Moore

Street Address (P.O. Box Number is Not Acceptable)

6774 C.R. 559

City, State & Zip

Bushnell

State
FL

Zip Code

33513

☐ The reinstatement fee is imposed except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Elder Joseph Moore, Joseph Moore

REGISTERED

IT MUST SIGN

Date 4/2/08

9. Names and Street Addresses of Officers and/or Directors

(a) nonprofit corporations must list at least 3 directors

Name and Address of Officer and/or Director

Street Address of Each
Officer and/or Director

City, State, Zip

Pastor Moore, Joseph

617 De Pugh Street Winter Park, FL 32789

Assistant Pastor Warren, Johnny

762 County Rd. 783 Webster, FL 33597

Secretary Legree, Juanita

P.O. Box 544 Bushnell, FL 33513

10. I certify that I am an officer or director of the corporation and that the information provided in this application is true and correct. I understand that the receiver or trustee of the corporation for dissolution has been appointed and the names of individuals who have been appointed are listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information provided in this application shall have the same legal effect as if made under oath.

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SIGNATURE:

Elder Joseph Moore

SIGNATURE AND TYPED OR PRINTED NAME

Moore, Joseph Moore 4-2/08-407-644-6024

REGISTERED OFFICER OR DIRECTOR

Date

Daytime Phone #