## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 22, 2002 8:00 am Secretary of State DOCUMENT # N9900000892 THE UNIFIED CHURCH OF GOD, INC. 05-22-2002 90299 027 \*\*\*\*70.00 Mailing Address Principal Place of Business 418 N CHRISTIAN 325 N CHRISTIAN ST STARKE FL 32091 STARKE FL 32091 1-- k#5 3. Malling Address 6239 little 19ke Geneva RD 2. Principal Place of Business 325 N Christian st Suite, Apt. #, etc. Suite, Apt. #, etc. 01-0673505 4. FEI Numbe City & State City & State NOT APPLICABLE Starke FLORIDA Heights Not Applicable ieystone \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 32656 3209 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANDERSON Charles Street Address (P.O. Box Number is Not Acceptable) ANDERSON, CHARLES 418 N CHRISTIAN 6289 1:HILLAKE GENEVA h STARKE FL 32091 Zip Code 32656 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing-**\$5.00** May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ANDERSON Charles **Change** ☐ Addition Delete TITLE TITLE 6289 17 HELAKE GENEVARD ANDERSON, CHARLES NAME NAME President Key Stone Heights FloridA STREET ADDRESS 418 N CHRISTIAN ST STREET ADDRESS CITY-ST-ZIP 0 CITY-ST-ZIP STARKE FL 32091 ☐ Addition **C**hange Delete TITLE TITLE Leveave Johnny 6289 1 THE 19Ke BENWARD LENEAVE, JOHNNY NAME NAME STREET ADDRESS 418 N CHRISTIAN STREET ADDRESS Keystome Heights Florida 32656 CITY-ST-ZIP CITY-ST-ZIP STARKE FL 32091 **∠**Change TITLE Addition ☐ Delete Starting ROGER 6289 little 19the GenevARD STARLING, ROGER NAME STREET ADDRESS STREET ADDRESS 418 N'CHRISTIAN Keystancherphts FIA32656 400 CITY-ST-ZIP STARKE FL 32091 CITY-ST-ZIP Change Ch ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAMES NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

SIGNATURE: RUSCHARINES ANDERSON DELICIONAL 4-20-02 352-473-4